



World Network of Users
and Survivors of Psychiatry

**FIRST PERSON STORIES
ON
FORCED INTERVENTIONS AND
BEING DEPRIVED OF LEGAL CAPACITY**

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a

WNUSP

and

Bapu Trust
publication.

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Foreword

We have often been told that informed lawmaking requires information on the subject of the law. Even as the law engages with the lives of persons with psychosocial disability it is an involvement which is informed with voices of the non disabled world and presumes on the silence of disability. Unless this silence is broken it would be difficult to obtain an informed, empathetic and empowering legal regime for persons with psychosocial disability. Therefore a few of us, from different parts of the world, in order to share and inform have put down our real life experiences.

Through these real life narratives we want people to know the reality of what our lives are like. It is a complex reality and each person's story shows how others intervened at crucial points in harmful ways. Some people also show what supported them or how they found the strength to reject messages of inferiority and oppression. At every stage of these experiences, we are conscious, we know what is being done to us and we suffer from it. We are struggling against something that is both irrational and absolute tyranny. The social power given to psychiatry creates a situation where there is no way to fight for our rights unless we break out of its tyranny.

A battle made all the more difficult by the fact that there is a social stigma attached to psychiatric assault and talking publicly about what has happened to us, that results in revictimization. When there is no social context in which to talk about our experiences, or if there is only a limited social context (such as groups of survivors), the trauma stays within a person.

The discourse of the normal requires to create the abnormal. There is need to break out of these forced divides and to appreciate and celebrate humanity in its manifold diversity. With these narratives, we want to share with you the different ways of thinking, feeling, believing and healing. We hope this diversity will cause us to appreciate the difference between uniformity and equality. Let the Convention on Disability Rights guarantee equality of respect and dignity to all of us by outlawing force and coercion, and providing to all of us the opportunity of developing our capabilities according to our own genius.

Tina Minkowitz and Amita Dhanda

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Colette Ni Dhuinneacha (Ireland)

My first contact with the psychiatric system was at an early age – 19 in 1970. I was committed to a private hospital, Lindville, in Cork city, Ireland. I spent 6 months there, pleading to go home everyday.

I endured a massive amount of ECT and very heavy psychiatric drugs as the only therapy and was kept isolated. My friends used to call to see me, but I was not allowed to see them. In the end I managed to run away.

I had about 5 terms in Sarsfieldscourt over the years and endured ECT and more heavy drugging, at times involuntarily. When I tried to resist the drugs, male nurses clamped me to the bed and I was injected against my will.

I suffered the humiliating forced committals almost every time. Once in 1981, I was chased around the Renault garage, where I had bought my car 3 months before. I had and still have an ever present fear of being imprisoned against my will in a psychiatric institution.

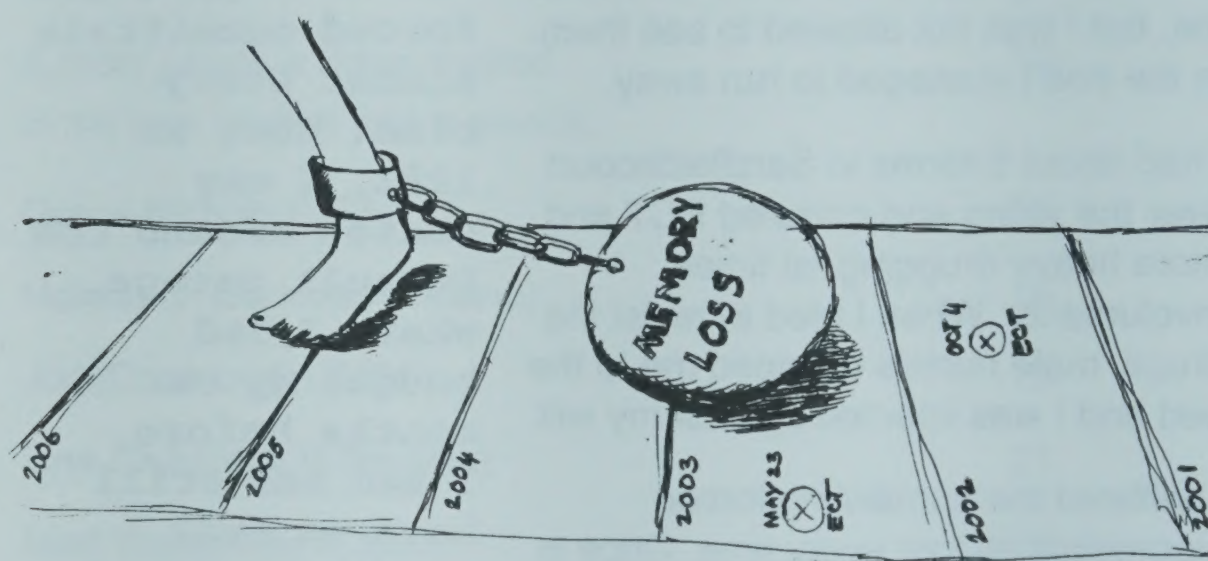
As a committed patient, I had no rights whatsoever. I did not believe the psychiatric system was helping me and said so. As I was non compliant, I was made to suffer for it. I was not allowed to go to occupational therapy much of the time – as punishment.

In 1979, after some time in Sarsfieldscourt, I talked with the other patients about how unsatisfactory this (psychiatric) mode of treatment was for us. We spoke out to the staff. I and others were sent to Our Ladys (The worst psychiatric institution in Cork). I was put in a locked ward there as punishment. I can't recall the details due to the massive doses of ECT and toxic drugs.

"I suffered the humiliating forced committals almost every time. Once in 1981, I was chased around the Renault garage, where I had bought my car 3 months before. I had and still have an ever present fear of being imprisoned against my will in a psychiatric institution."

It was one of the others, whom I met in Our Ladys, who told me this. I was very traumatized by my internment there.

I had severe difficulty with memory loss from 21. Working in a jeweller's shop, I was asked about a customer's jewellery and I had no recall and was sacked for this. This pattern continued in the Irish Examiner newspaper where I worked for 23 years. This caused me great strain and difficulty. I worked initially at the counter taking advertisements. If I was ever asked about an advertisement, I had taken even a couple of days, before I could not tell my supervisor what I had done with it.



In 1986, I was put on lithium for "Manic Depression". The dose given me was excessively high. Over the years pharmacists told me this. Then in 1993, my thyroid began to malfunction. I was attending Sarsfieldscourt for blood tests for the lithium and even when these were above the therapeutic level and I had symptoms the consultant never followed it up.

As a result my kidneys and liver are weak. By 1998 I was diagnosed with chronic fatigue syndrome (ME). I believe that ECT toxic drugs especially lithium are major factors in the undermining of my health.

There is a tragedy that occurred in my family due I feel in great part to the limitations of the current psychiatric system. My mother had been given the same label as myself – "Manic Depression". In 1985 she became extremely depressed. She was so bad she was hallucinating. She drowned herself in October 85.

I am writing this because I sincerely believe that the psychiatric system has been instrumental in destroying my mother's life and severely injuring and limiting mine.

The psychiatric system is both a failure and destructive. The clear sign of this is that they have labeled all psychiatric "illnesses" incurable. This to me is an admission of failure. They claim these "illnesses" to be genetic without any proof. Consequently their theory is based on a LIE. All the power is in the psychiatrists' hands. Radical change is needed.

Colette Ni Dhuinneacha.

(Ireland)

Now with my contact with other survivors and MindFreedom, I feel room for HOPE in my life and feel my suffering has not been in vain.

Diane Blakemore (New Zealand)

My name is Diane Blakemore,

I live in Ashburton

I watched the news last night on TV 1 on "Electro Convulsive Therapy" ECT and it was great to see as this is long overdue and this practice needs to be banned.

The doctors still say that "Modified ECT is safe" unlike the 60s.

I am a victim of ECT, I had the "modified ECT" in year 2000 after having my last child.

I had gynaecology problems that were not dealt to and instead was prescribed mind altering drugs I did not need and ECT to add to my problems.

"I had gynaecology problems that were not dealt to and instead was prescribed mind altering drugs I did not need and ECT to add to my problems."

I had ECT seven times, and it gave me excruciating headaches, jaw pain, confusion, disorientation, memory loss (which I still have after 6 years), muscle pain.

Some of these effects did not go away, they were not "short term" or short lived like they say!

The promoters of this ECT should have it, then they would have a different story to tell!

Mental health promotes and provides misinformation on ECT to patients.

It is not safe nor effective, it is a disabling practice that cripples people and needs to be banned.

I am with the patients rights, and back up Dr John Read, Dr Helen Smith and the patient rights, someone has to come out of the closet and speak up for all those victims who are too afraid.

I am willing to do that since I have had the new "modified ECT" that is not safe or effective but disabling!

This is how modern ECT is administered!

I know I had it.

During ECT you are made unconscious, heavily sedated by tranquillizers. Since a muscle relaxant completely relaxes your whole body, including your lungs, you can't breathe so you are administered artificial respiration (oxygen), then you are subjected to 150-200 volts of electricity to your delicate brain.

ECT produces a nerve racking convulsion and leaves people brain damaged!

You then wake up 10-20 minutes later in a "recovery room" with severe headaches and muscle pain, memory loss, jaw pain, confused, disorientated, and frightened. This is supposed to make you feel better or think straight!

This slaughter house practice is designed to ruin you, not make you feel better, it is unsafe and ineffective and needs to be banned for all the public.

I cannot believe they are thinking of giving this to children, pregnant woman and the elderly.

These promoters need a dose of their own medicine.

For a better understanding read Brain disabling treatments in psychiatry by Dr Peter Breggin.

I sent this to you in hope that you can use this for publication to help educate the community about this.

Feel free to contact me anytime.

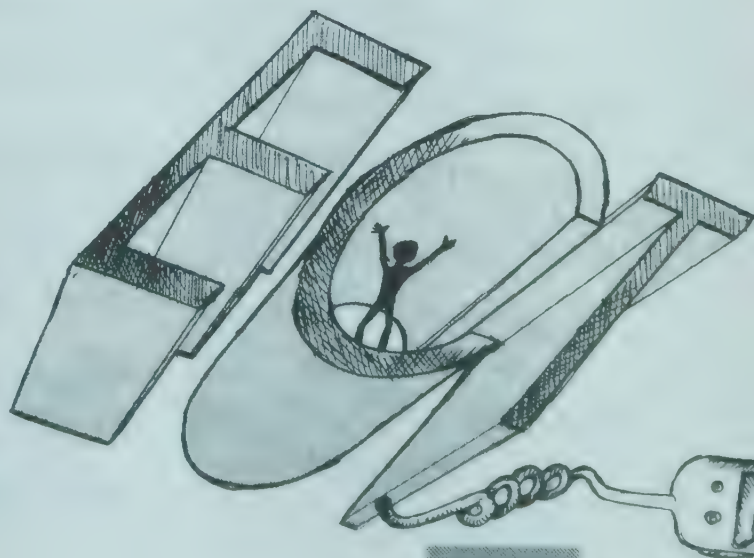
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"ECT is not safe nor effective, it is a disabling practice that cripples people and needs to be banned."



In the *NZ Herald*, Friday, February 17, 2006
Witness relives torment as psychiatric patient

by Martin Johnson, Health Reporter.

Patients' Complaints:

- ☞ Hundred of former patients have alleged they were abused at psychiatric hospitals, including Oakley, Tokanui and Porirua.
- ☞ 130 have filed High Court law suits against the Crown and 100 other cases are being prepared.
- ☞ They want compensation and damages of up to \$550,000 each.
- ☞ Their lawyers wanted an official inquiry, but the Government instead set a confidential listening forum for patients from up to November 1992.
- ☞ By mid-December last year, 363 people had asked to meet the forum.
- ☞ 126 had been heard and further hearings were planned.

"They told of
extensive use of
Electro
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Torture,
deep-sleep
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seclusion and
heavy medication
regimes.
The
beatings,
indecent
assaults and
sexual violation
by staff."

When Margaret Parry told her story to the Government forum for former psychiatric patients, her bad hospital memories surged back: the electro shock, the assaults, the sexual abuse.

Now that she has spoken to the Confidential Forum for Former Psychiatric In-patients, she is ambivalent about its value.

"It brought up all those bad memories. It wasn't very nice for a while, but it was good being able to talk about it to those three people [the panel]."

"Because it brings it out in the open, the public will know what happened - and what happened today. It might help some

people to talk about it and get it off their minds a little bit. It doesn't help me. I can't forget it. It affects everything I do."

Now 69, and living in Hamilton, Ms Parry was in and out of Porirua Psychiatric hospital near Wellington over five years in the 1950s, when aged 18 to 23.

She was first admitted after her mother took her to a psychiatrist because "I was troubled at home".

"It was the worst time in my life. I thought I was going to die."

Ms Parry said she was given Electric Convulsive Shock (ECT) without anaesthetic or muscle - relaxant drugs.

Nurses often hit, slapped and punched her and twisted her arm up her back.

"I was sexually abused by the nurses, two of them ... They hit me with a shoe on my bare bottom.

A judge ruled it was sexual abuse, 10 years go [overturning an ACC ruling] and I get a little bit each month, an independence allowance."

Ms Parry is among more that 120 people mostly former patients, to have spoken to the forum since its hearings began last June.

Some staff and family members of former patients have also been heard.

The forum's chairman, former judge Anand Satyanand, said in the report to ministers in December that many had described their fears as in-patients.

They told of extensive use of Electro Convulsive Shock Torture, deep-sleep therapy, seclusion and heavy medication regimes.

The beatings, indecent assaults and sexual violation by staff.

Twenty-one had been referred for counseling and others had been referred to the police and ACC.

Elena (Peru)

When I was 7 years old, they said that I was a very pleasant girl, a very good girl. They did not know how lost I was, while I experience joy in loving, in enjoying Nature, school, my little friends, my dreams. Overall, my dreams. My dreams... some of them were easily reached because if I wanted them, I got them, for example going to my little friend's home and camping in her garden. Of course, I asked for help to my nanny and she obtained the necessary things for me to go camping, and she went to the camp with me, we all enjoyed together ... dreams like this became reality.

"But they had
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I continue dreaming
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years of enjoyment,
to meet friends in at
college, to share and
be with my sisters and
brothers.
From 18 to 28,
I was just
"another crazy person"
fighting against
stigma, exclusion."

The others, those dreams of seeing my parents live in harmony, dreams of having a family like my little friend's, those dreams did not work.... Until today I feel and I cry when remembering all the efforts I did, how many feats I always did to see my parents laughing, to enjoy life or to enjoy life with them. Sure they enjoyed life, but far from home, sure they did it.

That was my first great dream, my first unattainable obsession.

In spite of all that, until I was 13 years old, in my way, I had been happy, locked up in "my rare world".

Little by little, seeing not only that was to obtain a normal home an obsession for me, but also that I had begun to be "rare", the nuns of the school and the "spiritual father," told me that I had to escape from the influence of the demon.

But having heard that thing about escaping from the influence of the demon, my martyrdom began, my disorientation within the world surrounding me began.

They killed my dreams.

My fear, my fears began.

Then, I had more and more doubts about myself, a psychiatrist, who was a relative of one of the nuns of the school, said that I was a pervert. I had told him one of the ideas that often came to my mind and which I could not avoid: during the sacred Mass, I used to imagine that the nuns and priests were naked, that thoughts made me laugh, and worried me at the same time. To me, their habits did not exist; they were false as much as their lessons and behaviors. I could not leave these thoughts that simultaneously scared me. These thoughts brought serious problems to me at school.

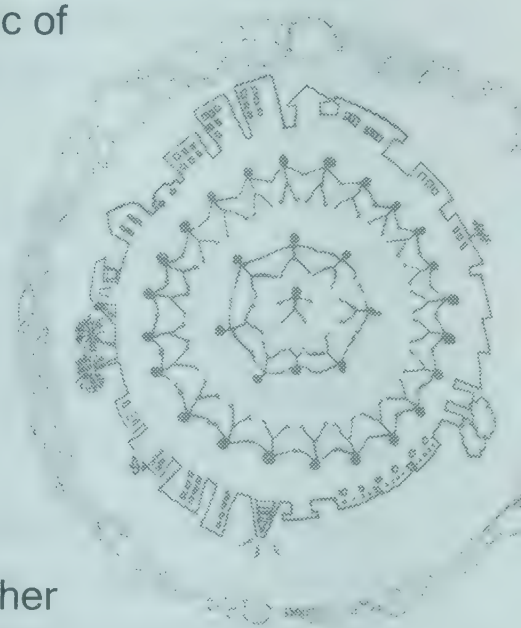
Despite these issues, I continued getting the best grades. Even though focusing my attention was very difficult to me, I advanced in my studies.

After my first electroshock, I decided not to allow anybody either to touch or to talk to me about pills. That experience was terrible, I felt like an animal tied to the stretcher, like a furious animal. Happy moment from the picnics of my childhood passed through my mind and my body shake, they subjected me and I wanted to return to my garden, the garden of the picnic of my childhood, and then, I did not understand what they were doing to me or why they did it, I only understood that if I could get free from that, I would not die, and I would never allow them to drive me crazy. It was January; I had finished High School a month before.

I do not know how much time I slept for, but when I woke up I just thought about fleeing.

Few days later I fled from home. My grandmother received me in her house, she lived alone. (Many years later I found out that she had been at a psychiatric hospital for some time). At that time, I became rarer and rarer but I had begun to feel comfortable with my peculiarities, I felt good. I had the happiness that I had lost when I was 13 again. I was free, dreaming, making reality my dreams, but without reaching that my great dream: the one where my family received me, integrated me, did not exclude me.

When I was 18, they gave me this alternative: either we declare



you insane and you go to the madhouse, or you enter the Convent where the nuns of your old school love you. At my 18's, my second stage of joys ended within that Convent. The exorcisms, the lighted candles around my 18 years, I was on the floor, I still shake, it seems that I still hear the chorus of nuns, I wanted to die at each session, Why I did not die at each session? Why did I go through that torture? Until now, I do not understand it. But those exorcisms did not have good results.

I think that happened to me for me to be able to speak for our little brothers and sisters, who are stolen away from their 13-14 year old happiness ... their 18-19 year old happiness, the happiness of the best years of life.

Then I did not have more than one alternative, the same one I had had before: to flee. I could escape from that convent and be alone in the world, I began to be happy again. Little by little I recovered my identity, I still had "my things" and need to take a low dose of medicine and had that much love to give.

But they had stolen away my best years of adolescence, youth and I continue dreaming about the lost years, years of enjoyment, to meet friends in at college, to share and be with my sisters and brothers

From 18 to 28 I was just "another crazy person", fighting against stigma, exclusion.

Other madness came to me, "the madness of love". With my husband's support I began to look for direction, I found it. I do not know if this testimony will be useful.

I don't know if this testimony is useful at all. Perhaps I did not tell the hardest part. If you expected something harder, something that can make people to respect our right to exist, the right to be different, the right to assume our identity on our own best terms, to look for and decide about how we feel and experience, what is the best for us, I believe that the strongest story would be that you, states, families, community, acknowledge that when you exclude us, or when you make decisions on our behalf, about each step in our lives, without giving the option to speak on our own behalf, to talk to you, like siblings within a family talk to each other, then this is the strongest thing of this story, the story of you, the one that must be changed, oriented, not to continue to violate our right to be

recognized as equal persons with the same rights and obligations.

'The crazy one' is just a product of the fears of a competitive society where only the material exists.

Elena



"If you expected something harder, something that can make people to respect our right to exist, the right to be different, the right to assume our identity on our own best terms, to look for and decide about how we feel and experience, what is the best for us, I believe that the strongest story would be that you, states, families, community, acknowledge that when you exclude us, or when you make decisions on our behalf, about each step in our lives, without giving the option to speak on our own behalf, to talk to you, like siblings within a family talk to each other, then this is the strongest thing of this story, the story of you..."

Grace Nichols (USA)

My grandmother immigrated from Ireland with her Father. She grew up to be a well-loved teacher, an alcoholic and a manic depressive. She died in a psychiatric ward. Her daughter, my mom, took care of her mother when she was drinking won a scholarship to college and eventually pursued a master's degree. At a young age she was electroshocked repeatedly for depression and continued to be well into my childhood. She was incarcerated when I was in the third grade, leaving me with the impression that she was being punished despite being a good Catholic.

I was diagnosed as a manic depressive at age 17, after showing extreme sensitivity to season. My changes between winter lethargy and summer energy were unpopular with my family, already traumatized by my mother's experiences. I had no information on how to soothe my system. Sleeping became difficult in the summers.

I left home against my parents and in response to arguments and violence at home. Living in an exciting political collective, with all

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sorts of new social pressures on me, I was resolved to use my full scholarship to the middle-class Northwestern University. I did get there but almost immediately grew sick with bronchitis and exhaustion. My mind / neuroendocrine system collapsed and I hallucinated while hitchhiking to find some

friends, support and comfort in Michigan. In Michigan I was picked up by hospital people and brought to a group home. This was in 1982. They were surprised that I had no street drugs in my system. My parents came and took me back to New York State, and incarcerated me in South Oaks Hospital in Amityville. I was scared, especially that I would be shocked. After 6 weeks of nonsense and heavy drugs (prolixin which was described as something to help me absorb my lithium. I was denied a PDR)—I left the hospital against medical advice—it was called elopement. I went with my Quaker friend to her home in Manhattan, several counties away.

However, I left a phone number for my parents so they wouldn't worry about me. My uncle, an Asst. District Atty., showed up at our door with cops. I said "what are my rights?" but no one knew. They brought me downstairs. I said, I want to go to jail where I can get a trial. They said fine, we'll take you in the police car or your parents' car.

I got in my parents' car and was driven back to South Oaks, where I was put on the locked ward. I remember another inmate threatening me with rape and that I was frightened. Eventually, I was put back on the less severe ward. I tried to get out in a legal way but never had a hearing. Eventually, my friend paid a psychiatrist to call the hospital to inquire into my case. I was released within a few days.

I stayed on lithium for about 8 years. It worked okay. I did college and jobs and all that. I excelled.

Then I went off drugs and got pregnant (in 1990). I toughed it out through mania and depression and then my system settled down. I had two children and stayed off psych drugs for 9 years or so.

But at that point, I had severe symptoms and none of the alternative treatments seemed to help (1999). I accepted lithium in a severe depression. Unfortunately, when I had even worse symptoms from being on the wrong amount of lithium, my doc was on vacation. After not sleeping for several days, I went to the county clinic with my kids (I was on Medicaid and had little medical choice.)

They immediately committed me by calling an ambulance and wrapping me in a sheet and placing me upside down so I couldn't breathe. Meanwhile, they call the Child Protective Service which took my kids, located my (hostile) sister and placed my kids into her care. They also encouraged her to assume custody of my kids without my consent or knowledge which she did.

I was put in a locked waiting room and I waited for hours. Finally I knocked on the doctor's door (he wasn't in) a lot. The orderlies (MHAs) came running. Six crowded into a little exam room. They showed me the syringe and the pills. I took the pills. Still they pushed me into the back room and put me on a blue plastic mattress. Then they strapped my hands and feet down. They gave me an injection.

I asked the nurse. What do I do? She said, you'd better sleep.

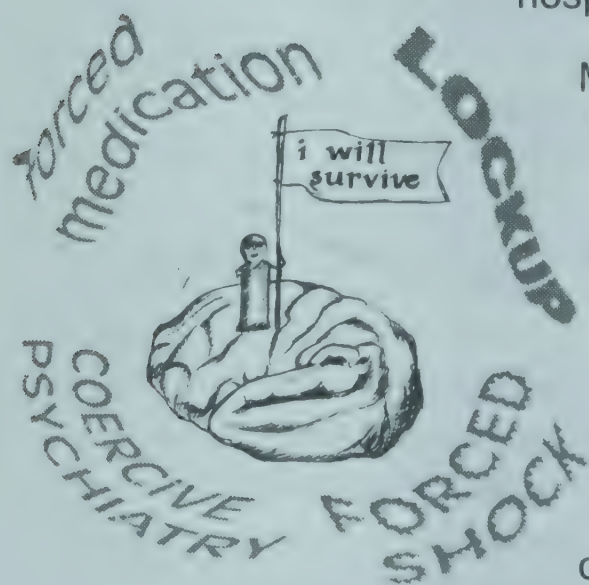
I did.

I woke up in a different hospital. That was CDPC (Capital District Psych Center) and this was Albany Med Center (E2 ward). I was given a lot of seroquel which I began to refuse. They took me to a hearing, at which the lawyer for their side said, among other things, "How many times HAVE you been raped, Miss Nichols?" I replied "well, what do you call it when a guy refuses to use a condom?" The judge said I was sane and released me.

Oddly, I have been raped but it's no one's business. I was just trying to show I can keep my cool. So I lied.

Anyhow. I asked for my meds so I could titrate down my dosage. But no luck – they said they wouldn't give me any since I was leaving against medical advice.

I went to the social service office the next day and demanded to get my kids back. They were frightened as they felt I'd escaped from a mental hospital. They called the cops. They brought me back to the hospital.



My lawyer said "Now, they will throw the book at you..." and indeed, the mandated Haldol and Lithium together.

Eventually, 2.5 months later, I was released. I remember a doctor coming to my house for a follow-up visit. They counted my haldol pills and made me take one in front of them. They told me I should see the local psychiatrist at the county clinic or else I might not get my kids back. But I had an opportunity to see a Dr. at Mt. Sinai/NYU in NYC who did not like Haldol. It was the best thing I could have done medically.

They (Albany Medical Center discharge planners) wanted to place me in mental health supervised housing but I said I wanted to go back to my own apt. They scoffed at the idea that I had an apartment but I did and I went there.

I was shaken and had nightmares about restraint and forced

drugging. However, within 3 weeks, I was working as a substitute teacher. A few weeks after that I got a job running a program for junior high school students on suspension. A month after that I won in court and my kids were returned for good. Nonetheless I had to consent to have a social worker visit my apartment every month.

I also had to attend a hearing to have my name expunged from the child abuse and neglect list. I had letters from supporters all over the state to back me up and I won.

I am so lucky that what could have been my life trapped in mental health services, unemployment, lack of belief in myself, loss of my children and absolute despair was avoided. This is mainly because I have had people in my life who have supported me and helped me get a lawyer when I needed it and who helped me keep my apartment. These critical supports kept the system from destroying my life.

"May we honor the sacred within each of us within the practice of medicine. Where there is coercion and disrespect, there is no medicine."

What has healed me has been being gentle with myself and giving myself time off from overstimulation. I can only handle so much sensory overload before I feel bad. I live caffeine free and use herbs when I need to. I also use epilepsy medication which is really helpful.

I also have had spiritual help: my spiritual experiences have helped me grow strong and centered. They have taught me to calm myself using beauty and nature as my medicine.

I truly believe that there are gifts within the differences this culture finds it so difficult to accomodate.

I am completely grateful for my uniqueness.

May we honor the sacred within each of us within the practice of medicine. Where there is coercion and disrespect, there is no medicine.

Grace Nichols

3/10/06

Helena O' Donovan (Ireland)

I got elated after my first baby in 1970. After 6 weeks at home breastfeeding they put me in a mental hospital. There I was made mentally ill by Haldol and Largactil. I was then deeply depressed and even forgot about my baby. I had the shakes, lockjaw and a terrible thirst and drooling. I couldn't even walk.

I had suffered low self-esteem growing up. This continued in marriage though I had some good years. I compared negatively with other women when they achieved something. I thought I couldn't do that. So I have few skills. Psychiatry insured that I was a failure. My husband carried me but did not question the negative effect of drugs. Negativity causes depression.

"Psychiatry
cures nobody.
I am in the
locked up
hospital again
as I write this
feeling
insecure,
helpless and
hopeless one
more time.
I feel I am
finished and I
can't go on."

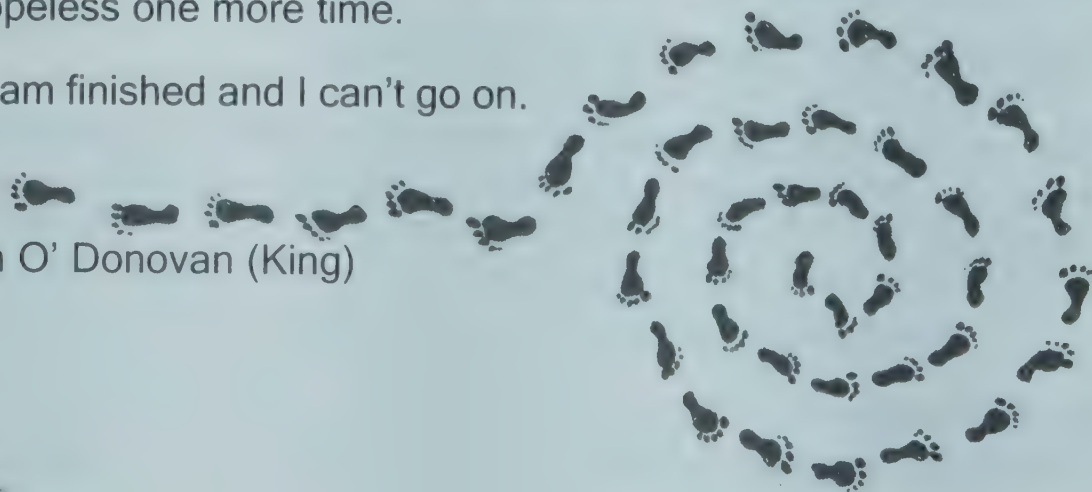
I was in the mental hospital over 75 times almost always involuntary because I was elated. Nearly always out of frustration, because of not been able to cope at home alone, without enough support. I was over dependant on my husband and after we separated I became dependent on friends.

I find that psychiatry does not address the basic problems but with the forceful administration of neuroleptic drugs exacerbates the condition.

So that now at 62 years old, having two adult sons, life has slipped by because I lived in the past. Psychiatry cures nobody. I am in the locked up hospital again as I write this feeling insecure, helpless and hopeless one more time.

I feel I am finished and I can't go on.

Helena O' Donovan (King)



Judi Chamberlin (USA)

Although my story took place in 1966, in New York state, the exact same things can happen to people today, with the exception of the fact that the length of involuntary commitments are shorter.

I am a person who originally entered a mental hospital voluntarily, seeking help for a severe depression. After several months of going in and out of mental hospitals, where basically the only "treatment" was drugs and locked doors, I was told that I was being committed, against my will, to a state hospital.

These days I'd probably be able to get a lawyer and a court hearing, which weren't available then, but from my advocacy work I know that most of these court hearings are shams, because the lawyer doesn't vigorously represent his or her client's expressed wishes, but quite often instead pretty much goes along with what the psychiatrist says the person "needs." Most involuntary commitment hearings last about fifteen minutes!

I spent sixty days in a state hospital, which was grim and depressing. I was forced to take drugs against my will. I was terrified that I would be locked in seclusion or put in restraints, things that I saw happen to other people who in any way created a "problem" for the staff. No one took a personal interest in me or treated me like an individual. We were herded everywhere in groups. We seldom got outside in the fresh air. The food was basically inedible, and I gained an enormous amount of weight because I pretty much lived on bread and margarine (and because the drugs have weight gain as a side effect).

"I am a person who originally entered a mental hospital voluntarily, seeking help for a severe depression. After several months of going in and out of mental hospitals, where basically the only "treatment" was drugs and locked doors, I was told that I was being committed, against my will, to a state hospital."

When I got out of the hospital I felt hopeless. Even though I was only twenty one years old, I felt like my life was over. It was only because I got involved in the self-help and advocacy movement that I discovered that it was possible to rebuild my life.

Some years after my hospitalization, I had another experience with suicidal depression, but I was able to spend time in a non-medical crisis facility that was set up as an alternative to hospitals. Here, everything was different. I was respected as an individual and

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allowed to decide what I needed, instead of it being assumed that I had lost all powers of decision. There were very few rules, and lots of individual attention. There were always people to talk to. The operating philosophy was that everyone would get better, and that the crisis was just a temporary situation. Drugs were not used. The crisis resolved itself in less than two weeks, and I was able to resume my normal life.

Although I still become depressed from time to time, I have learned good self-care skills and am able to get through hard times with the support of peers. I believe that supportive self-help alternatives must be available for every person who wants them.

Judi Chamberlin
Arlington, MA, USA
May 2006

Lina Ciuksiene (Lithuania)

Lina Ciuksiene (51, diagnosed with scizhophrenia since 1983, survivor, no medication for 6 years)

1 Case: the right on access to information according Lithuanian Law on Mental Health Care (Chapter IV, Article 15)

1st attempt (March, 2001) to get information: such a psychological pressure was used by two psychiatrists that it made an impression that I was the first and the only one person in Lithuania who wanted to get information in official way. The answer was given in written form in 16 days (instead 3 days that Law requires).

2nd attempt (September, October, 2003) - such a long time was needed to stabilise emotions and try once more. Outpatient psychological and psychiatric examination was carried out and diagnosis was changed.

3rd attempt (February, 2003) - a letter with six questions was sent but instead answers a suggestion for "in-patient psychiatric examination in order to get information" was given.

"psychiatry
is the only
branch of
medicine
where the
issue of
human rights
is brought to
the fore."

4th attempt (September, 2003) - a letter with 6 questions repeated and the suggestion for psychiatric examination in the hospital repeated once more.

5th attempt (November, 2003) - a letter with a remark that "information requested is:" on past health state but not current health condition - so there is no meaning for psychiatric examination in the hospital. And the suggestion for hospitalisation can be considered as discrimination as the Law doesn't require such way to get personal information". An answer signed by 3 leading psychiatrists was given where attempts to get information were described as "you were consulted and psychiatric help was suggested but you have refused".

No one answer to 6 questions was given!

2 Case: hospitalisation without patient agreement:

i was hospitalised in acute department in psychiatric hospital for 8 days (instead 48 hours that the Law requires) without my agreement and court permission.

Anonymous Cases:

1 Case: a pair (woman 21 and man 61 years old: both legally incapable) in social care institution were allowed to live together and priest sanctified their wedding rings. Few days before childbirth they both were taken to the state psychiatric hospital (without symptoms of acute health state) and psychiatrists were asked to hospitalise them in order for man (not legal - but husband!) to visit his woman till the childbirth - so psychiatrists in both: men and women departments did. On fourth day after childbirth the personnel of social care institution came and separated all 3 persons: they took woman to the same institution but husband they gave to another institution and the newborn child was taken to children care house - in order no more children to appear.

A Case of Social Advertisement:

A stigmatising and discriminatory saying "a loosened screw" was taken as keystone for advertising campaign of project on employment of mentally ill persons. The project was funded by European fund EQUAL that is "fighting discrimination in labour market". Both social groups with different needs were represented during the project: mentally ill and those with intellectual disabilities. During 30 second video recording a screw that fell down from the table is shown and everybody in the office scream and climb on the tables in fear of the screw. Blue paper placards in the streets portray a large number of various screws and maintain that "It is silly to be afraid of loosened screw - it may happen to you also. 60% of mentally ill can work with full competence".

In short after appearance of advertisement "It is silly to be afraid of loosened screw" a mini - inquiry was made: 57 persons (mentally ill and others) were asked to express their opinion about the advertisement of "loosened screw". Two thirds of participants qualified negatively this saying: "cruel characterization in widely

spread meaning of foolishness; painful; outrageous; they give us a raspberry - what to do - we clean splits and go further; yes - I am ill: but who enabled them to put indignities and mock on me and my disability?; who asked me what I think about this advertisement; they do not care to provide us a human view; does derisive and humiliating saying "a loosened screw" can advocate for image of full-fledged employees?; this saying associates with limited possibilities; expression "a loosened screw" contradict itself the proposition used in the advertisement that "60% of mentally ill can work with full competence".

The organisers of the project explained that: "shall we close our eyes or not the saying "loosened screw" will exist. So we use it for attracting attention to painful problem of employment of mentally disabled". So the last question is: does all the means are good for purpose to be justified? The Nacism showed the falseness of such an attitude.

The board of Lithuanian Fellowship of Mental Health Care Users consider that usage of stigmatising saying "a loosened screw" is moulding discriminatory opinion in labour market as is based on making joke of mental disorder.

The view of "loosened screw" transform mentally ill persons into stuff without human shape thus illustrating well the reality of mentally ill: we are invisible in the society.

** As matters stands now (and my story of attempts to get information shows it very well) query is: does mental illness is illness or a crime? The answer is offered that it is more a crime than an illness: psychiatry is the only branch of medicine where the issue of human rights is brought to the fore. The article on access to information speaks about danger to "the interests of third persons" or "information can cause danger to patients health and life". Psychiatrist is to decide what amount of information to give to the patient while criminals have right to all process materials. Women criminals if they give birth to a child in the prison they have possibility to nurture them till one year under the care of personnel - that is impossible at all for mentally ill in social care institutions (even cat breeders recommend little kittens to be taken from mother cats at the age of 8 weeks - but human child in the case of mental illness is taken away at once: mothers pain and protest is suppressed by medication).

According Lithuanian laws mentally ill persons become legally incapable at the moment of coming to the court but not after the court decision. There are no mandatory requirements to get opinion of mentally ill on the suitability of the candidate as caregiver. And nobody in the court question the opinion of psychiatrist when involuntary treatment / hospitalization or legal incapacity / disability cases are sued to court. And judge never asks for the presence of the patient here in Lithuania. The fact of presence of special law - Lithuanian Law of Mental Health Care exclude social group of mentally ill from the society.

And what possibilities for mentally ill persons are to protect ones rights if a lawyer was suggested to pass psychiatric examination when he asked for medical information of his client. He returned to his client and refused from the case as he said: "nothing can be done"...



¹ http://subs.nzherald.co.nz/topic/story.cfm?c_id=699&ObjectID=10368790

² There is the legal procedure of family guardianship to decide who will be a guardian in the family but there is no legal procedure whether one will be under the guardianship or not and it is automatically decided and there is no exam whether users are competent or not.

All users not only in-patients but also outpatients should have "Hogosha" in MHL.

³ http://www.imhpj.org/search/Law_realted_to_Mental_Health_2000.pdf

Mari Yamamoto (Japan)

My first hospitalization is in 1970 and I was 17 years old.

I voluntarily go to hospital and in the open ward and I had never commit a suicide.

In these days there was no item of voluntary hospitalization in mental health law but officially voluntary hospitalization was regarded same as hospitalization in not mental hospitals.

One day the doctor told me that there was a good injection for me and he gave me ECT with anesthesia but without relaxation.

Peers taught me that it was ECT.

The doctor told a lie and my parent gave him the consent.

After few times of ECT I fallen down at the breakfast table and the doctor stopped ECT.

Even in 70's it was a rare case to give ECT for teenagers. The doctor is famous to love ECT recently I have heard.

"One day the doctor told me that there was a good injection for me and he gave me ECT with anesthesia but without relaxation. Peers taught me that it was ECT. The doctor told a lie and my parent gave him the consent."

In Japan all users of psychiatry are under the family guardianship without any legal procedure². It is in Mental Health Law and it is called "Hogosya" which in general means parents of children. So in fact users are treated and regarded alike children. (*Law Related to Mental Health and Welfare of the Person with Mental Disorder*³ – Chapter 5, Section 1)

Generally speaking because the government does not take the responsibility of social security or welfare, families must to take the responsibility to persons with disability welfare.

There are many cases that families gave consents to hospitalization or all forced treatments -drugs or ECTs in Japan without our own consents. It is not illegal in Japan.

In this decade ECTs have revived and there are many not-modified ECTs in Japan and many cases are without informed

consent of patients only with consents with families. There are many patients who do not know that they are ECTs and doctors told them that they gave only injections.

Mari Yamamoto



Tristano Jonathan Ajmone (Italy)

My name is Tristano Jonathan Ajmone, I'm 34 years old, I live in Italy and, between 1998 and 2003, I have been subjected to a forensic-psychiatric regime for a period of five and a half years following a court sentence that declared me "partly incapable of intending and willing" – which is the juridical means by which an offender is denied moral agency for the acts of which he is accused.

The court decided that I was mentally insane based on a five minute meeting with the court's psychiatric expert who visited me in prison. We didn't exchange many words, yet he decided that I was a psychotic and insane.

While Italian law implements reduction of time served in a prison for crimes committed by people judged partly insane, the truth is that after the established time, a period of *custody and cure* (CCC – Casa di Cura e Custodia) is appointed in special facilities called OPG (Ospedale Psichiatrico Giudiziario / Psychiatric Forensic Hospital).

"In the 7th Branch there were no four-point-restraints, the punishment system was ritual beating. "

For people judged totally insane, the sentence is entirely converted from punishment to "cure", so people are "exculpated", and a cure of minimum two, five or ten years is imposed on them in OPG facilities.

In my case, I was sentenced to three years of prison and, after serving time in an ordinary prison, a period of cure of minimum one year (which was later extended, by psychiatrists, to two and a half years). Even though people judged partly insane are recognized as suffering from mental disorders, in Italy the alleged cures are often postponed after the ordinary imprisonment time. So, in my case, I was declared mentally sick and sent to ordinary prisons for a period of three years, after which I was meant to be cured.

The 7th Branch of Horrors

Anyhow, my state of mind was such that ordinary prison personnel did not manage to cope with me, so I was moved to a special psychiatric branch inside the prison facility of Le Vallette, in Turin.

In this special branch (at the time, called "Settima Sezione blocca A" / "7th Branch of Block A"), I was locked in a very small cell. The cell was about 9 square meters; it had bars on the windows and on the inner cell door; the outer cell door was an iron door filled with cement, and in the middle it had a big three-layered soundproof glass window that made it possible to see inside the cell, but sound would not escape the cell, nor could I hear what was going on outside when the door was closed; the toilet was in an open space, so that I would always be visible to the prison guards; there was a small sink with no hot water; the bed was a metal cot cemented to

"In case of doubt, the psychiatrists would leave the person with just a pair of underpants, a sweatshirt and one blanket; this was called "la rimozione" (the removal) which was meant for people under a regime of high surveillance."

the floor, so that it could not be moved around; there was one table and one cubical cupboard, both were fixed to the wall; the light switch was outside the cell, so when the doors were locked only the police guards could switch it on/off; the window had no glass, only plexiglass, so it was very cold in winter; ... in the cell there was a TV set, as a "companion".

At arrival in the 7th Branch, we were stripped of shoe laces, belts and

strings; we were not allowed any clothes with hoods, nor shaving blades, pencils, needles, or any object that could be employed for self-injury. In case of doubt, the psychiatrists would leave the person with just a pair of underpants, a sweatshirt and one blanket; this was called "la rimozione" (the removal) which was meant for people under a regime of high surveillance.

In the 7th Branch there were no four-point-restraints, the punishment system was ritual beating. So, beside the ordinary daytime abuses, now and then, in the middle of the night you would see all the corridor lights go off, leaving the whole branch in darkness, and you would hear the footsteps of four or five police guards, which unmistakably meant they were coming to "serve boiled meat" (as they say in prison) to someone. When this happened we would all shiver in fear, hoping that the footsteps would carry on, past our cell. Then we would hear the key turning in the cell keyhole, and the ritual beating would start. Usually it would last a quarter of an hour, not more. I remember that you could hear the noise of the kicks and the punches very loudly in the night – the beaten inmate was usually too contracted in pain to

manage to shout, he would scream a bit at the beginning, but after the first boot kicks in the stomach and in the ribs, usually he would start to hiss in pain, rather than shout. We used to call it the “death squad”.

Once – while due to the branch being over-packed I had an inmate sharing the cell with me – my cell mate gave two batteries to the man in the cell opposite to us. The man swallowed the batteries – he could no longer bear staying there, so his plan was to end up in a civil hospital for a surgical removal of the batteries from the stomach, where he could rest until dismissal. When he told the police guards that he had swallowed the batteries, they dragged him along the corridor by his hair, punching and kicking him, and then they came in our cell to beat my companion (who was the only one with batteries nearby) and they banged his head against the sink four or five times. He was sick for several days but was afraid to call the doctor because if he didn’t give an explanation for his bruises the doctor would accuse me of having beaten him, and he didn’t want me to be punished for what the guards did to him.

This type of cruelty and abuse – and many other episodes which I will omit for sake of brevity – only happen in psychiatric branches, where the inmates are mainly suffering people, weak and not strongly tied to the rest of the prison population. Similar interventions could not be carried out in an ordinary prison branch without the risk of a revolt. The point is that the psychiatrists in charge of such wards cover up all this by discrediting any inmate’s attempt to report what takes place there. Also, in the 7th Branch it was not possible to speak with the psychiatrist without the presence of a police ward, so one had to be very careful as to what one uttered.

The two psychiatrists who run the Seventh Branch are outstanding psychiatrists in Italy, both in the midst of a rampant political career, publicly promoting democratic ideals in the psychiatric reform that is allegedly taking place in Italy.

The “Holy Lagers” for Restless Souls

So, after four months of pain and horror in the Seventh Branch I was moved to a civilian psychiatric hospital, as a convict under a regime of home arrests. The place was an ordinary private psychiatric institution which happened to house, from time to time, convicts for treatment. The place was quite huge and well kept – it was clean, the food was good, and the staff was relatively respectful – it was owned and run by the Catholic Church.

In my 18 months that I spent there, I managed to settle my inner turbulence that derived from the past experience, and at the same time I got to know how non-forensic psychiatric institutes work. Even though the place was comfortable and clean, and we were not subjected to any particular harassment, one thing was clear: the fee we all had to pay for all this "paradise as an alternative to hell" was to take all drugs without protesting. The institute did not tolerate any questioning about the drugs they gave us, we only had to swallow and "rest". We were not even allowed to ask the nurses what drugs we were given.

I remember those 18 months as the period of my life in which I was most sedated. I gradually slipped in a state which was quite close to mental vegetation. Side effects were really harsh to cope with, my limbs would shiver all the time, and I got fatter and fatter, my

mind confused, and I soon wasn't able to read a novel. Any disobedience to the staff would result in a forensic report to the custody judge, who would revoke the benefit of home arrests and send us to a prison facility. So I had to shut up and swallow all that I was requested from the staff, which mainly consisted of taking the neuroleptic injections without complaining.

"The transferral was due to the bogus implementation of the infamous law decree *Legge 180* (often erroneously referred as *Legge Basaglia*). This law dates back to 1978 and was intended to abolish psychiatric asylums. In reality it is used mainly to force psychiatric patients to constantly move from one structure to another. "

What really annoyed me was that forensic patients were constantly threatened that if they "didn't like the rules" they could "go back from where they came

from", i.e. prison. So there was a double standard: the same doctors who in court declared us "mentally sick and unable to sustain ordinary prison life" were ready to send us back to prison if we didn't comply with their orders. Despite the fact that the institute had a neat and peaceful appearance, we were subjected to a regime of obedience in which rules were created on the spot and had to be blindly obeyed.

While I was in this institute, the police raided it and confiscated a significant amount of expired medicines. This was an event which

was covered by the local newspapers. Three days after the police raid, I was given an expired cough syrup. As it goes in Italy, most of the court cases against private hospitals simply get filed and forgotten.

Territorial Psychiatry: 5 Stage Lagers

After a year at the Catholic psychiatric facility I was moved to a private "community" (*comunità*, as they are defined in Italian Mental Health System), which was a villa in the countryside (far away from my home and family).

The transferral was due to the bogus implementation of the infamous law decree *Legge 180* (often erroneously referred as *Legge Basaglia*). This law dates back to 1978 and was intended to abolish psychiatric asylums. In reality it is used mainly to force psychiatric patients to constantly move from one structure to another. Technically speaking, as a consequence of this law, patients are not allowed to stay more than a year in the same place, which would render the place a place of long-permanence (an "asylum"). This is why I was forced to leave the previous institute. The effect of this "deinstitutionalization" process is that people are moved up and down the country like postal parcels, completely disrupting their lives, preventing any significant construction of lasting human relations. And, of course, at arrival in each new institute, the rehabilitation program starts from square zero again!

This "community" housed 30 people with psychiatric diagnoses. Some of us were forensic, others not. Many people were there due to drug-addiction or alcoholism, and their regime was a kind of "soft coercion", meaning that their staying there was a trial period of rehabilitation alternative to major juridical interventions. In other words, if they did not comply they would be persecuted as drug-addicts by the State machine (courts and social workers) and they would end up in a lot of trouble.

The day I arrived I was immediately body searched and all of my luggage was thoroughly searched. They confiscated all shaving blades, needles, and condoms. This place (like the previous one) was a mixed gender institute, so I thought it was really absurd to forbid us possession of condoms, especially since it was clear that sexual intercourse was a common practice amongst residents despite the fact that it was considered a breach of the contract and it would imply expulsion from the community. Also, many people there came from a life of street drug-addiction, and contagious

diseases constituted a risk. Psychiatrists gave more importance to moral rules than to medical common sense. Strangely enough, in the Catholic institute they did not interfere with such issues, and we could freely have condoms and entertain in love affairs (except with the staff).

Also, in this community we were not allowed to have money and to keep our cigarettes. All our money was handled by the staff, and

they would give us the fags according to the psychiatrists' dispositions. So, despite the fact that it was a relatively open place, it had many prison-like rules of conduct.

"So the experience was like being in Alice in Wonderland, and we all were quite disoriented about our external life and the problems that caused us to be there; but there was not much time to think since our daily life was scheduled in a detailed manner that left little time gaps to rethink our situation. It was like a kindergarten for adults."

The people in charge of our rehabilitation program (psychologists and educators) would force us to participate in a lot of activities, most of which were childish in nature. For example, we had to play hide-and-seek in group, or organize treasure hunts, and other games of the type you carry out during early childhood in school. So the experience was like being in Alice in Wonderland, and we all were quite disoriented about our external life and the problems that caused us to be there; but there was not much time to think since our daily life was scheduled in a detailed manner that left little time gaps to

rethink our situation. It was like a kindergarten for adults, and it was something quite odd since a few of the residents were there following serious offences, like murder. Also, we were forcibly given strong psychiatric drugs in huge quantities (some people took up to six or seven different drugs at the same time).

There, we were forced to work. For example, we had to clean up the facility, prepare the dining room, and carry on other tasks. According to Italian law, such tasks constitute labor, and even in divorce cases the State recognizes that for housewives, housekeeping is a real job for which they can seek compensation. We were forced to work and we did not receive any compensation at all. The work we carried out allowed the institute to save money

on staff expenses – but they claimed it was for our own good that they put us to work (it was meant to be therapeutic!).

Escaping Hell: Running Back to Prison

After a few months, I left the facility asking to go back to ordinary prison, because I could no longer stand the working rhythms, the massive drugging, and the endless sequence of false promises they would feed me regarding my social rehabilitation program and its coming steps. Since they didn't allow us to use or possess phones, and I was denied access to a fax machine to contact the judge or phone the police, I climbed the fence and ran to the nearest police station and asked them to take me back to ordinary prison. For my leaving the facility I was further charged with jailbreaking.

The "Cure Begins": Entering the OPG of Montelupo

Shortly after going back to jail, my prison sentence expired and my period of Cure and Custody began in OPG. I was thus moved to the OPG of Montelupo Fiorentino¹, near Florence.

Montelupo is an old Medicean Villa, which we used to call "the castle" because it had towers. It was converted into a "criminal lunatic's asylum" in the late 19th century and it's a very old and degraded facility.

There are five OPGs prisons in Italy (Montelupo Fiorentino, Aversa, Castiglione delle Stiviere, Barcellona Pozzo di Gotto, and Sant'Eframio). Only one of them has no bars and police guards (Castiglione delle Stiviere), the others are prison facilities. If it weren't for the fact that they give lots of drugs you wouldn't think that they are hospitals, yet they are called hospitals.

Life was really miserable there; most people lived in a state of total self-abandonment and simply lost any hope of getting free again. Young and old people alike were heavily drugged and had such strong side effects that you could notice them from a far distance. The place was really filthy and stinky. It took me a good amount of time to get used to its stench.

At the new-entries branch (known as "sezione d'osservazione" / monitoring branch) cells were jam-packed. In my cell we were eight people in a space that was meant for four – and we were not allowed bunk beds because of self-hanging risks. With eight beds in the cell we couldn't even clean the floor because we had no space to move the beds about.

In OPG, we all lived in a regime of fear: fear of the prison guards who had the duty to maintain order in a military fashion, and fear of the doctors who were always ready to order a 5-point restraint, increase drugs and send a negative report to the custody judge, who would then add another six months period of cure by virtue of the legal formula known as “proroga” (“prorogation”, which we called “la stecca” – “the slat”). But most of all, we feared that we would never see freedom again.

It's hard to describe how an inmate feels when his sentence is linked with a cure program which could last forever (indeed many people enter OPG with a 2 years period of cure and end up dying there after a whole life of “prorogations”). Unlike the man sentenced to death, a psychiatric hostage is tortured between the promise of imminent freedom and the risk of the request for another six months of cures. In such a state of uncertainty, it is very difficult to invest on anything. It's like trying to build a house on quicksand.

I have met men who were locked up in OPGs only because they were deemed “socially dangerous”. The “crimes” that brought them in those facilities are often hasty acts resulting from inner-despair situations. Having been deprived of the right to defend themselves in court, because discredited by psychiatrist who branded them “incapable of intending and willing” (the cornerstone formula of the Italian insanity defense), these people soon found themselves locked up in a ghastly, atrocious reality – places and situations that cannot but exacerbate the original sufferance that brought them there.

I have met people who had been in the OPG for five years for having stolen a purse, or having smashed a window out of rage. Others no longer remembered how they ended up there, decades ago. Many died without ever seeing freedom again.

Violence was a normal part of our everyday life in OPG.

I remember that in the OPG there was an Arab young man who shouted all night, keeping everyone awake, so the next morning the police ward (who didn't manage to rest during his night of duty) gathered four inmates, opened the Arab's cell, and ordered them to “take care of him”. The inmates dragged the Arab out of his cell, into the corridor, and literally “beat the shit out of him” with punches, kicks, and also using broom sticks. This type of violence is something you wouldn't expect in Italian prisons, this can only happen in OPGs, where there is a regime closer to Nazi Lagers,

where the institute promotes kapos amongst the inmates in exchange for privileges.

In OPG psychiatrists use 5-point restraints instead of the usual 4-points: besides strapping the limbs they also apply a strap over the chest. We call this strap "the fifth strap".

I recall a man over 60 years old who was put in a 5-point restraint even though he had three pace-makers (he was immediately unstrapped when the doctors realised they made a "mistake"). A man over 65 years old was put in a 5-point restraint for four days and four nights in a row, even though he had a bad lung disease. He was restrained because he insulted a doctor. Sometimes bed-restraining could last weeks.

Muslims were put in 5-point restraints without any consideration for their need to perform the Islamic five daily obligatory prayers, and they were forced to take drugs during the fast of Ramadan. The right to practice one's religion is totally obliterated by the common Italian psychiatric practices.

Being myself a Muslim, I can say without hesitation that Muslims are discriminated against in psychiatry. In almost every forensic report, psychiatrists wrote at length about my religious background – something that unavoidably would bear a political weight of influence on the court decisions, especially since many of these reports were written during the aftermath of 9/11. Indulging in religious details during forensic reports is reserved only to non-Christians, here in Italy. I remember that Buddhist inmates also were subjected to reports highlighting their religious "difference".

In Italian prisons, when inmates not belonging to the European Union try to hunger strike in protest for some violation of their rights, they are often moved to an OPG for "psychiatric monitoring". This is a crystal clear example (as well as a frequently occurring one) of how psychiatry is still employed in Italy, today as an instrument of social control for the suppression of dissent and protest.

I've seen a man who had a physical disability (since birth) being beaten by the OPG guards, thrown down the stairs of the Villa, and they kicked him and punched him while he rolled down the stairs - all this because he insulted a police guard and spat in his face. This is how suffering people get "cured" in Italian psychiatric State facilities.

Since the psychologists would also take part in writing forensic relations, we didn't really have any one to trust amongst the staff. I think it's disgusting that a psychologist or psychoanalyst betrays the patient-therapist/doctor relationship in such a way, yet this is normal in every OPG or prison. They offer you "help" and then you discover that all that you said ended up on the judge's desk in the form of a forensic report.

Video "Socialmente Pericolosi"

There is a video documentary entitled *Socialmente Pericolosi*; it was produced by national TV (Rai 3) and as far as I know it was shown only once on TV in 2002. This video contains images which speak for themselves about the psychiatric reality of Italian OPGs. The psychiatric facility in which this documentary was filmed is OPG Aversa². I think that United Nations should seriously consider examining this documentary.

Its dialogues are very illuminating: the inmates are complaining to the cameraman that they are hostages, being drugged and tortured, that restraint is used as a punishment system, that the prison guards beat them up regularly, and that they have been reduced to slaves with no hopes of ever leaving the facility.

There is a scene where the prison guards are throwing cigarettes to the prisoners; the prison ward is shouting "Fags for the donkeys! Come donkeys, here are the fags!"

The video depicts a young man locked isolated into a small cell (the "aquarium") for eight years because he poked an inmate's eyes. He was arrested for car-theft and at the time of the video production he had been there for ten years. Being completely on his own, he spends all day under the mattress cover, talking to himself. There is a scene where he writes *goodbye* on the cell glass using his stool as a marker.

These are glimpses of Italian psychiatric conditions in years 2001, strong images that speak better than words, and they are easily understood by everyone.

Exculpating the Powerful: The Other Side of the Psychiatric "Justice Role"

The opposite side of the psychiatric/judiciary coin is represented by those people who commit major crimes and get away with them with serving a few years of time in OPG, people charged with several murders who acquire freedom in a few years (sometimes just three years).

My experience allowed me to grasp that in psychiatry the patient's destiny is largely influenced by his social ranking of origin, his financial resources, and his acquaintances outside the institute (especially if they include influential, rich, or dangerous people). Many high ranked exponents of the Mafia manage to bypass the special anti-Mafia law measures that rule the prison system, by the services of psychiatric experts who declare them "insane and incompatible with the prison system". So

you'll find several Mafia exponents inside OPGs or even at home arrests in private psychiatric hospitals, while they were sentenced for twenty years of prison, or even for life. In the name of the battle for curing "mental illness", psychiatrists have managed to take over the legal system and subvert the ordinary juridical procedure, so that

there is no longer any balance in the service of the punishment: someone might punch a person in the face and end up locked up for twelve years, whilst someone else might commit up to six murders and be locked up for only six years.

In a country like Italy, which has a long history of Mafia and government malpractices, this alliance between State, judicial system and psychiatry is creating a huge damage that violates the rights of every citizen and jeopardizes the country's efforts to put an end to its inner chaos.

I am relating all this because I want to speak for all the people whom I've left behind psychiatric bars, who'll probably never see freedom again, and for all those who died at the hand of psychiatry. I don't seek revenge but justice, but no justice can take place unless the truth of what happens in Italian psychiatric institutes gets heard in Europe.

There is a great fuss about an alleged psychiatric reform in Italy. All of this is nonsense and falsehood. The claims that forced hospitalization is gradually being abandoned and replaced by more "humane practices" is false, it's something you hear about in conferences and on TV, but coercion is still implemented (as always). Our government has stopped providing statistics on mental health for a few years (a duty which is binding on ISTAT³), so we have no real way to know how many people receive involuntary hospitalization, enforced drugging, or anything else.

" the prison guards
are throwing cigarettes
to the prisoners; the
prison ward is shouting
"Fags for the donkeys!
Come donkeys, here are
the fags!"

We are just kept unaware of what really happens and are at the mercy of politicians' words. My personal involvement with the Italian users confirms that there is no real change for the better taking place in the Italian Mental Health system.

Italian psychiatrists are crafty enough to put in the frontline, during public events, patients who come from mild psychiatric experiences (territorial facilities, private institutes, or voluntary treatment experience), so you often hear testimonials of patients who declare to be satisfied with the mental health services, but you never hear the desperate screams of the thousands of people who have been segregated and tortured in Italian OPGs. These screams would create a long chain reaction of embarrassments that would end up shaking the top management in Rome. The nature of the abuses is such that it leaves no space for any plausible explanation other than the indolent aloofness typical of the bureaucrats devoted to their careers and to a spotless public image.

The fact that I have met a number of psychiatrists who turned out to be understanding and supportive people, not abusive, does not exclude the fact that psychiatry has a discretionary power which is terrifying – a power which at any moment can be grabbed to suppress dissent. In good as well as in evil, no psychiatrist ever impersonates [personifies?] psychiatry, yet every psychiatrist enjoys the full executive powers of psychiatry.

My experience has been that in the majority of cases, this power is employed in bad faith in order to do harm, and that the psychiatric profession rests its foundations on a number of unspoken rules, the first of which is the prohibition to denounce a colleague. So it happens that, from time to time, you hear some psychiatrists complaining about the general conditions in psychiatry, or in such and such a facility, but you never hear a psychiatrist denouncing or suing a colleague for crimes or abuses that he saw him commit. Even though some victims of psychiatry manage to win some law suits against psychiatrists, no one ever raises the question of how the colleagues of these convicted psychiatrists have permitted – by *omertà* (the old Italian *rule of silence*) – those crimes to take place in the first place.

I have also been in another OPG, at Reggio Emilia, and I could tell of many other episodes of extreme violence committed by the staff on the inmates/patients, but I see no point in it since in Italy there is

no way a psychiatric patient could ever claim justice for such abuses. We are discredited and our witnessing is rejected *a priori*. Psychiatrists have strong ties with political and juridical power: they play major roles in court cases as experts, and all have some political alliance. So, for an ex-

psychiatric user it's simply impossible to seek justice in Italy. Also, it not easy to gain access to the media and deliver any message on this issue of human rights violation in psychiatry, and if one manages to do so (by using the Internet, for example) the risks are that the Italian judicial machine moves against you and you end up in a lot of trouble.

"We need something like a second Nuremberg Trials, because behind the scenes of the psychiatric facilities, major violations of human rights are taking place ."

For these reasons I have chosen to omit many details in my testimony, but I hope that one day the United Nations will do something about this issue, and offer survivors of psychiatry protection from the State, so that we can relate in detail all the horrors that we witnessed, providing dates and names. We need something like a second Nuremberg Trials, because behind the scenes of the psychiatric facilities, major violations of human rights are taking place (the most basic human rights: freedom from fear and from arbitrary incarceration!).

Restored to Freedom, but Not to Life...

It's only after being restored to freedom that I started to realize all that I went through. At the end, man gets used to everything, and after the first strong impact you either get accustomed or perish. But now that I am back in society, as a free man, I realize how remote from every day life those psychiatric institutes were!

My experience in the above mentioned psychiatric facilities has left an undeletable scar of sufferance in my soul, and for this reason I am always sad and unable to cope with life. Often I wake up in the middle of the night overwhelmed by the nightmares of memory: I dream of the tortures to which were subjected the people in psychiatric forensic facilities, I hear their desperate screams. Even though years have gone by, at times it still happens that I wake up frightened, screaming for the help of a security guard or a nurse. Then I resurface from the maze of dreams and realize that I am in

my flat, alone, and that there is no longer any security guard or nurse in the corridor... I'm alone, alone with my fears. The only cell that now restrains me is that of the alienation that follows the dehumanization which I underwent in psychiatry. I hope that such places will be soon locked down and that they will never exist again.

Since I've been restored to freedom I've unceasingly fought against psychiatric practices, and indeed will continue to do so! I'll never cease to fight for the people who are still there, in those horrible places! But much of this fighting is to no avail because psychiatrists and psychologists have erected a rubber wall around their categorical interests that silences our voices.

I am often scared that the government will send me back to these prisons if I carry on with my campaigns, but what is the true value of courage if not facing fear? I pray that I'll never end up there again because I could not bear it a second time.

Hindsight Conclusions

To conclude, I've been taught in school that what characterized Nazi concentration camps were a number of features: some people were declared to belong to a subclass, deemed unfit, and therefore deprived of freedom and deported into prison facilities where they were forced to provide free labor, subjected to medical experimentation, and disposed of by "silent" death.

These features are what I witnessed in Italian psychiatry, even though they might not always be found in a facility all at the same time, but they are the key elements which constitute the Italian psychiatric enterprise. Since they are disguised, the situation might not be apparent at first glance, yet it only takes a skin-deep examination of the psychiatric system to realize that it is a lager-like machine!

In Italy, being deemed mentally ill has the consequence of being moved into a social subcategory in which the individual not only loses many civil rights, and very often freedom, it also implies a number of duties like having to offer forced labor and being subjected to drug treatment programs. All this is presented as the "right to cure" and the "right to social rehabilitation", whilst in fact it's a binding obligation on the side of the so-called patient to submit to such programs, otherwise he/she'll be revoked of his or her freedom and locked up in totalitarian psychiatric institutes.

Violence on the part of the staff of the psychiatric institutes is a normal condition in Italy and, where physical beating does not occur, physical and chemical straitjacketing are a common practice.

Beside forced medical hospitalization – which in Italy is called TSO (Trattamento Sanitario Obbligatorio) – we also have a regime called Accertamento Sanitario Obbligatorio⁴ which empowers psychiatrists to force on individuals an assessment of their mental health conditions. This is a dangerous tool of social control that can be arbitrarily employed to disrupt intellectual and political dissidence, and indeed is a serious cause of fear for many survivors who would like to denounce what they underwent and witnessed. The very fact that such a law exists is a deterrent to criticism for all the Italian victims of psychiatry. I have met hundreds of psychiatric patients, and almost all of them complain about the psychiatric system and complain that they are intimidated by the huge power held by psychiatrists. At present, there are no means to measure the level of sufferance and damage induced by psychiatric intervention on the Italian people, and unless drastic measures of investigation and inquiry are implemented by a higher power, the situation will remain unchanged and everything will go on as though it's ok, because of the distorted and manipulated media coverage of the fake “reform” that is taking place in Italy.

I would like to recall that, according to the Freedom House *Table of Global Press Freedom Rankings 2005*⁵, Italy was classified as a *partly free* country, with a ranking of 77 out of 194 (the same ranking as Bolivia, Bulgaria, Mongolia and the Philippines).

It should not therefore be surprising that so few victims of psychiatry have the courage to speak out about what they saw and suffered. Those few who have the courage of doing it are not taken seriously because they tell of atrocities which involve thousands of people and which are heard spoken only from a too exiguous number of mouths.

That society shows indifference toward the barbarities perpetrated by psychiatry is as shameful as those barbarities themselves, if not more! Which person lives in such ignorance as to not know what electroshock, lobotomy, or straitjackets are? Torture instruments survive in the popular culture heritage with more vividness than scientific discoveries do; then, why is it that despite all this background awareness people still refuse to believe the stories of

psychiatric victims? Why are we not granted as much credibility as is granted to the psychiatric confraternity, whose crimes against humanity are well fixed in everyone's mind?

We survivors have accepted the idea that the Italian State is willingly covering up the psychiatric violations of human rights that constantly take place, and that no justice will rise from this country which has gained world-wide fame for its institutional corruption. But we have started to gather testimonials, recording them in audio format and transcripts; we are making copies of our clinical charts, jotting down events, names and dates, and we are sharing them amongst a closed network of survivors, hoping that one day someone will enforce justice in this country, and that day we'll be more than happy to unearth our testimonials for justice procedure purposes. Until then, we have no choice but to live on borrowed time, hoping not to be persecuted by psychiatry.

Believe me, Italy is not a safe place to end up in psychiatry. And distrust any Italian psychiatrist that claims to be "democratic"!

Tristano Ajmone
Torino – Italy

¹ www.opgmontelupo.it

² www.opgaversa.it

³ <http://www.istat.it/sanita/sociosan/>

⁴ The full text of this law can be viewed at:
http://www.forumsalutementale.it/Leggi%20&%20Co/txt_TSO%20normale.htm

⁵ <http://www.freedomhouse.org/template.cfm?page=204&year=2005>

"Noah" (India)

I am a 'cured schizophrenic' whatever it may mean. My history of involuntary hospitalizations started in 1995. Back then I suffered aberration of thought, punctuated by prolonged periods of 'normal' thought process. Often both the phases went hand in hand. I would fight my psychosis and be normal like million others.

Once I imagined I was the most powerful man, commanding the entire global politics. I imagined that the world was out to knock me off, my parents had initiated a global conspiracy against me, the CID was out to dispose me off, and that my mother was poisoning my food. This phase lasted over four years.

Initially, my parents consulted a renowned psychologist. I refused to talk to him. Now I realize what a big mistake it was. Had I agreed I would have been left off after a few sessions of psychoanalysis, possibly with a label of 'mentally ill' but without lifelong drug treatment. I was forcibly taken to a well-known senior psychiatrist who retired as the head of a prestigious medical research institute near Delhi. His diagnosis: CLINICAL DEPRESSION. I was prescribed PROZAC. I refused.

I believe that through introspection and analysis, one can overcome this aberrant thought process. Medicines can never be the answer. For example: How is it possible that if you are President Clinton, you are still in India? I did just that. I told myself, if I am in India and jobless and struggling, I couldn't be President Clinton.

In 1997, it happened. I was pleading with my mother to let me go to Delhi. At that time I was 32, still jobless, though writing as a freelance journalist. The travel money had to come from my mother. She told me that we would talk about it in the morning. I went to my room and started reading Lu Hsun's short stories.

"In 1999, my parents discovered that I was not taking medicines. My father came over to Delhi with the hospital police and forcibly re-admitted me. I was forced to continue with medication in the hospital. I discontinued after a month. "

In the morning it happened. I had a premonition when I heard a sharp rap on my door at 7'o clock. I opened the door. Immediately, two burly men dressed in police uniforms overpowered me. The third (a medical social worker) whispered to me in a voice palpably radiating joy: "So, you think you are Mr. Know all." I was not allowed to go to either the WC or dress up but immediately bundled into the car and driven off to a government psychiatric facility. A long and unending night of torture in the name of treatment awaited me.

I had read what Stalin did to political dissidents in former Soviet Union and what Hitler did to Jews and gypsies. Most were shot. Many were incarcerated in psychiatric lockups and injected with crippling anti-psychotic drugs until they could take no more. I already knew about the inglorious history of psychiatry.

The story I was forced to tell these psychiatrists was the same that I had earlier told. But strangely, these psychiatrists gave me a diagnosis of SCHIZOPHRENIA. I repeatedly told them that though I might be under an episode of psychosis I am not in need of either medicines or involuntary hospitalization. No one listened to me.

I was in the psychiatric ward for 13 days and put on 5mg Espazine, 2mg Larpose and 2mg Pacitane. I was discharged after being told to continue medication for 4 months. I suffered such horrendous side effects that I discontinued the medicines as well as OPD.

Subsequently I received letters from the hospital MSW to the effect that if I discontinue my treatment for Schizophrenia, I would end up worse than before. Fortunately, my mother didn't force me to visit the psychiatrists. Instead, I was told to see the psychologist who concluded that I was suffering from PSYCHOTIC NEUROSES!!

In 1998, I was institutionalized for a fortnight and put on 2mg of RISPERIDONE. I discontinued the medication after 3 months. I was staying in Delhi on my own and managing my affairs quite well. I also traveled in the US and was doing fine. In 1999, my parents discovered that I was not taking medicines. My father came over to Delhi with the hospital police and forcibly re-admitted me. I was forced to continue with medication in the hospital. I discontinued after a month.

After the first hospitalization, the subsequent ones have all been



on ground of non-compliance. The issue was not whether I was psychotic or not but that I had stopped taking the medicine. I have stopped medication for two reasons. Firstly, I believe that medicines are not the cure. Secondly, I have discontinued the medicines because these have severe and highly discomforting side effects. I suffered from slurred speech, prolonged constipation, tardive dyskinesia, akinesia (slowness of movement of limbs and hands), salivation, difficulty in passing urine and a dozen other grave side effects.

In August 2000 I was again forcibly readmitted and discharged after 2-1/2 months. I had been staying in Delhi alone, cooking, washing my clothes, going to the library for reading, interacting with people and doing activities, which a 'schizophrenic' is supposed to find difficult to do. My medicine was changed. If earlier I had the responsibility of taking the medicine, this time that option has been withdrawn from me. My parents are giving me medicine under the strictest supervision. I am not allowed to travel outside my city. I was not able to go for my honeymoon when I got married. My freedom is compromised in addition to suffering from untold misery because of the anti-psychotic medicines.

" Even if the mental law legislates voluntarism, the parents won't baulk at forceful treatment. The courts will see the tears of the parents, and over-rule voluntarism, the judges will cozy up with the parents and the Indian civil society, and adjudicate the case as a "family matter" between the suffering person and his family. "

Since India is a patriarchal society, family centered with parents the bosses, the law pertaining to the people suffering mental agony is also overtly patriarchal. Such being the case, the onus of treatment has been directly placed in the hands of the parents. Even if the mental law legislates voluntarism, the parents won't baulk at forceful treatment. The courts will see the tears of the parents, and over-rule voluntarism, the judges will cozy up with the parents and the Indian civil society, and adjudicate the case as a "family matter" between the suffering person and his family.

There is deep politics involved from all sides. People like me are the victims and are given temporary respite before the next relapse occurs. People like me are demonised as very violent and dangerous. Psychiatry is the fear factor of tremendous power that renders neutral the natural powers of the brain and the mind to cope up with day to day pressures. I experience it first hand. My mind has greatly weakened over the years.

Hopefully one day I will have the mental strength to challenge all those who took vicarious pleasure at my suffering in the name of love and treatment.

“Noah”
(India)

Dana Clare (Australia)

Official Complaint to the Health Rights Commission re Human Rights Violations under Mental Health Act (Qld)

Dear JG/Health Rights Commission,

I, Dana Clare have been receiving a lot of informative letters of concern and protest from Australia and internationally re the forced drugging that was imposed upon me on Saturday June 3rd 2006 at the CHospital, Australia, 4 days before my appeal before the mental health court to get off the community based Involuntary Treatment Order.

This drug was in the form of a slow-release injection of the neuroleptic drug risperidone (25mgs lasting for a 2 week period.)

I have concerns that the order for this forced drugging did not go through the proper procedures. For instance I did not receive a letter from KR, the administrative delegate of the Mental Health Act ordering me to attend an authorized treatment centre. I am also concerned that this forced drugging in the community happened so close to the date of an Appeal.

As well as expressing concern over the forced drugging, these letters also contain references from friends, associates and a family member in support of my desire to be released from the involuntary treatment order so I can be free to follow my own chosen path of self-healing, lifestyle and contribute more meaningfully to the community.

In relation to the forced drugging issue, it is important to note that I am a conscientious objector to taking recreational, medical and psychiatric drugs on the basis of my spiritual, philosophical and health principles. More information can be provided as to the nature of my conscientious objection if required.

I stated this conscientious objection when I was an involuntary patient from March 2 to March 23, 2006 in the CB Hospital. This conscientious objection was not honoured under our current mental health act. I thought there may have been some

type of conscientious objection clause in the mental health act similar to what exists within our vaccination policies, however this is not the case.

As a result I was drugged against my will. Being forced to take drugs whilst in hospital was very stressful and traumatic for me because it went counter to my deeply held beliefs and principles. As such this action had a detrimental effect on my psychological well-being and health. Being recently taken by the police from my home and forced drugged again on June 3rd 2006 whilst living peacefully in the community was also traumatic and detrimental to my health and well-being.

With a very few minor exceptions, I have not consumed drugs of any description for approx the last 17-24 years. The only exception I make to this is anaesthetic drugs for surgery. However I have had dental work done without anaesthetics. I also have "multiple chemical sensitivity" which is a heightened sensitivity or vital resistance to toxic chemicals in the environment. In addition to the above grounds for not wanting to take psychiatric drugs, there is a growing body of scientific evidence and research as to the harmfulness of these anti-psychotic drugs and psychiatric drugs in general. There is also ample evidence as to the effectiveness, economy and more humane, compassionate and healthful nature of psycho-social-spiritual-nutritional approaches to mental health problems. I consider that I and other mental health clients should have the right under the Mental Health Act, to pursue non-drug approaches to wellness.

I think I have very reasonable and principled grounds for not wanting to take these drugs. I am currently well and have also regained my weight. My low weight was a major reason for my incarceration in March 2006. I would also like to refer you and the mental health professionals involved in my case, to the book "Your Drug May Be Your Problem: How and Why to Stop Taking Psychiatric Medications" by the psychiatrist Peter R. Breggin M.D., De Capo Press July 2000.

The main reason given by the psychiatrist and nurses involved in my case for their belief that I should continue to take anti-psychotic drugs, despite my current wellness, is because "there is a risk of relapse after coming off the drugs."

I do not accept this line of thinking for the following reasons:-
If one can never come off psychiatric drugs for fear of potential relapse then one can easily get trapped into taking these drugs for the rest of one's life out of fear, whilst suffering the accumulating long-term, harmful side effects. The evidence indicates that the longer one stays on the drugs the harder it is to come off them and the greater the potential for relapse and difficult drug withdrawal symptoms. The research shows that with anti-psychotic drugs, the neurological-brain damage escalates over time. There is also a litany of other unpleasant, harmful effects. By not taking these drugs I consider that I am safeguarding my health.

One needs to break the drugging cycle somewhere and what better time to do it than when one feels well? I

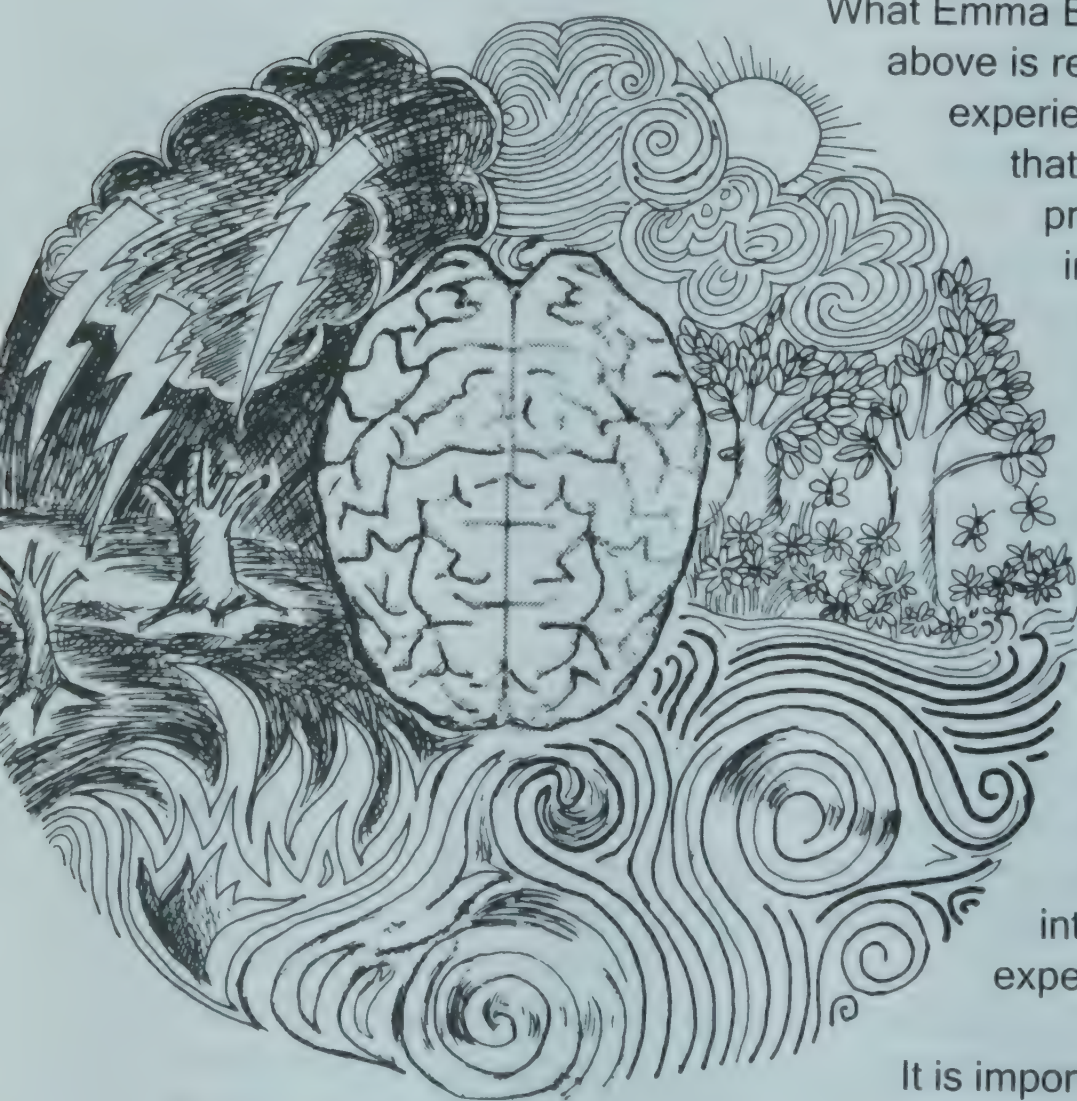
have no fear of relapse into psychosis, as I do not consider that I was psychotic in the first place. Rather, I consider that I was traumatized and stressed due to various social factors as well as having undergone the stress of an intense spiritual journey which involved inter-dimensional abuse.

My psycho-spiritual crisis was not understood by the treating doctors and was labelled a "mental illness", namely a "psychotic episode" or "schizophrenia". As the diagnosis is inaccurate, the drug treatment is ipso facto also inaccurate. For those interested in my analysis of the differences between a spiritual crisis and psycho-pathology, as it manifested in my life, I am willing to fwd on my submission to the mental health court about this. One very valuable reference on this topic is "A Source Book

"there is a growing body of scientific evidence and research as to the harmfulness of these anti-psychotic drugs and psychiatric drugs in general. There is also ample evidence as to the effectiveness, economy and more humane, compassionate and healthful nature of psycho-social-spiritual-nutritional approaches to mental health problems. I consider that I and other mental health clients should have the right under the Mental Health Act, to pursue non-drug approaches to wellness. "

For Helping People with Spiritual Problems” by Emma Bragdon Ph.D., Lightening Up Press, California 1993.

She laments that “neither psychiatrists nor mental health professionals are given adequate training to prepare them to deal with issues arising in the realm of spiritual experiences or the subtleties of differentiating spiritual experiences from the symptoms of mental disturbance..... The people having spiritual experiences and needing counselling may well find themselves with clinicians who are not adequately trained to work effectively with this aspect of human experience.” She argues that administration of psychiatric drugs is often debilitating for someone in the process of integrating spiritual experiences”.



What Emma Bragdon writes above is reflected in my own experience. I do not feel that the mental health professional involved with me were or are adequately trained to understand how to work effectively with me. I also find it debilitating to be forced to take drugs whilst in the process of integrating spiritual experiences.

It is important to note that
e v e n those who are suffering
from conditions labelled “schizophrenia” or “psychosis” can
recover without drugs and more effectively without drugs, when
other psycho-social-spiritual supports are in place. That has been
demonstrated in many studies. c.f. “The Critical Role of Advocacy
Under the Mental Health Act” by Megan Pearson article on

www.psychrights.org in which she references the Soteria House project. See also Dr Peter Breggin's book *Toxic Psychiatry - Drugs and Electroconvulsive Therapy: The Truth and the Better Alternatives*. (Harper Collins 1993)

My treating psychiatrist also stated during the mental health court appeal hearing on June 7th, words to the effect, in reference to my communications with Angels, that such experiences are defined as auditory and visual hallucinations. It seems that communicating with Angels is considered by some psychiatrists to be a sign of psychosis rather than a blessing, an opportunity for learning and an intuitive ability. This line of thinking is out of step with more enlightened approaches.

There are many people in religious and New Age spiritual circles who communicate with Angels and who call upon their Guardian Angels.

I wonder - is it because of my spiritual experiences and/or political views or health principles that I am having drugs forced upon me? I consider this anti-spiritual use of psychiatry, to be a denial of religious/spiritual freedom and a violation of part 4 of the mental health act (Qld) which states, "However a person must not be considered to have a mental illness merely because of any one or more of the following - a) the person holds or refuses to hold a particular religious, cultural, philosophical or political belief or opinion.

As I understand it, this section of the mental health act affirms an individual's right to hold their chosen religious beliefs, including spiritual experiences in accordance with those beliefs, without being classed as mentally ill.

It is this right that is currently under threat in my case. The right to determine what treatments or approaches are most conducive to one's recovery and well-being is also under threat.

The following websites contain many articles about the research into the harmful effects of psychiatric drugs and the benefits of non-drug alternatives.

www.breggin.com.

www.psychrights.org (Law Project for Psychiatric Rights)

MH-110
09861 P06

MindFreedom International www.MindFreedom.org
www.icspp.org. (International Center for the Study of Psychiatry
and Psychology).

This growing body of research, knowledge, understanding and the social movement for human rights in the mental health field, including ending the horrors of forced drugging can no longer be ignored.

On June 7th 2006 to my and others great dismay, my involuntary treatment order was confirmed by the mental health court. I and others have serious concerns about the accuracy of the clinical evidence presented during the court hearing. We also have serious concerns as to whether the principles of the mental health act are being upheld in my case. I will be writing more about this in future. As the involuntary treatment order was confirmed, I am still currently at risk of more forced drugging.

What I would like is the assistance of politicians, mental health professionals and individuals in the community to stop or prevent this forced drugging whilst I am living peacefully at home in the community.

I would also like to be released from the involuntary treatment order so that I can live free of fear of being subjected to more intrusive and coercive measures and so that I can enjoy a natural, relaxed, free life again.

Please view below the diverse range of letters of support for my case from individuals/organizations in Australia and internationally.

Yours in Health Freedom,

Ms Dana Clare,
BA Hons; BSW; MA; Dip of Natural Hygiene
Social Worker/ Lifestyle Consultant/Psychiatric Survivor
Current member of the AASW

(At the time of printing this production, Dana Clare's situation remains the same, the order for forced treatment has not been removed.)

Recovery from Mental Illness - Mad Pride (US)

Pat Risser

What is Mental Illness? According to medical practitioners and others in the mental health realm, mental illness is a diagnosis as defined by the DSM-IV (Diagnostic and Statistical Manual, Fourth Edition). This manual is held in such regard that a diagnosis from the DSM-IV is the standard by which insurance companies define mental illness. The DSM is published by the American Psychiatric Association and it is from the ranks of psychiatric practitioners that the various diagnoses are defined.

The DSM is not without controversy. As the primary fundraising book published by the APA, many contend that there is a conflict of interest in using this tool. Many

other psychiatric practitioners contend that the book lacks in scientific development. Even greater criticism comes from within the psychiatric survivor community (people who have "survived" psychiatric treatment or mistreatment). Survivors claim that there is no proof of mental illness. By proof, they mean, that to be able to

scientifically "demonstrate a reliable association between a clearly specified pattern of observables and other reliably measurable event(s) which operate as antecedents." This fits TB, cancer, diabetes, etc., but doesn't fit any DSM "disorder." This does not mean that the phenomenon of "mental illness" does not exist. There certainly are human conditions that deviate from the norms. However, that does not mean that we should call those conditions a disease, illness or disorder. There are studies that have examined the harm (stigma and discrimination and worse) caused by such labeling.

Part of the problem with the DSM is that what is being diagnosed are our thoughts, moods, feelings and emotions. What is necessary is to instead look to our behaviors. Someone may "feel"

"I believe that each of us yearns for freedom, independence and self-determination. I believe that we seek and must have a sense of pride or else we walk through life soul dead. Our spirit yearns to be proud and free. "

suicidal but that is just a feeling. If the person never acts upon that feeling in a way that is self-harming then we should not label them as having a mental illness. Our thoughts, moods, feelings and emotions may not be able to be controlled, but we can learn to control our actions or behaviors and the way we respond to our thoughts, moods, feelings and emotions. So, just what is mental illness? I contend that it is a state of mind where a person loses their sense of self and suffers a loss of hope.

Like most who come to the mental health system, I was taught from infancy that if I had a problem then I should go and see a doctor, trust doctor, that doctor would fix it and make everything better. So when I went to a psychiatrist for help for emotional distresses, I offered myself submissively for assistance and the psychiatrist

accepted my submission and dominantly (and perhaps arrogantly) offered his ability to heal and treat.

"I don't pretend that my path was an easy one. I spent over ten years as a "mental patient." Ten years of my life are gone, given away to the mental illness system. Ten years of my life are missing and will never be returned. "

There is an old saying that says, "Give a man a fish and he eats today. Teach a man to fish and he eats forever." I was given lots of treatment and I accepted it all without challenge. I expected to get well from the treatment and when that didn't happen, I didn't blame the doctor. Instead, I blamed myself. I believed that

doctor couldn't be wrong so the fault must be mine. I must not be doing the right things or not trying hard enough or not accurately conveying my symptoms or something. The longer things didn't get better, the more I blamed myself. This sort of self-blame is common among abuse and trauma survivors and perhaps among others.

Self-blame may be a dysfunction that primarily affects those who have suffered from abuse and the effects of trauma. It may affect others to some extent but given the high percentages of people who get labeled with mental illness who have survived abuse or trauma, it may approach universality.

As I sank into a quagmire of self-blame, I started to lose my self.

We each have many roles in life. I was husband, father, student, worker, friend, brother, son, neighbor, etc. However, my primary role evolved into and became "mental patient." What that means is that if my wife or children needed something and I had a therapy appointment, I would choose to attend therapy. My life revolved around being a mental patient. It became almost all consuming. The more I blamed my self for not getting better, the more I lost hope and the more I became primarily a mental patient as that role became the dominant feature which defined my life.

I contend that the more I sank into the role of "mental patient," the more I lost my self. I lost my self-esteem, self-admiration, self-confidence, self-glorification, self-love, self-regard, self-respect, self-satisfaction, self-sufficiency, self-trust, self-worth, self-determination, self-exaltation, self-importance, self-assurance, self-interest, self-possession, and self-pride. I lost hope as my identity became more and more just that of "mental patient" and my loss of self-pride resulted in a loss of self.

At the time, had someone pointed this loss out to me, I would probably have been confused because I had always associated pride with that negative sort of excess that has been labeled self-absorption, self-worship, selfish and self-pity. My life revolved around my "mental illness" to the exclusion of everything and everyone else. I became one of those helpless, hopeless and overly dependent patients who lived from Big Gulp to Big Gulp and for whom time was measured from one cigarette to the next.

Slowly it came to me that I had lost my sense of self. I had lost pride in myself and in my life. Pride is essential to our concept of self. A smart person could probably get away with stealing all of their life and yet most do not. Why not? Because of pride! "To thine own self be true, and then it follows as the night from the day, thou canst not then be false to any man." A proud self-image is the strongest incentive you can have towards correct behavior. Too proud to steal, too proud to cheat, too proud to take candy from babies or to push little ducks into water is what separates us from the animals. A moral code for a community must be based on survival for that community, but for the individual correct behavior in the tightest pinch is based on pride, not on personal survival. This is why a captain goes down with his ship; this is why "The Guard dies but does not surrender." A person who has nothing to die for has nothing to live for.

One definition of the opposite of pride is shame. As I lost my self, my self-pride, I had grown ashamed. I was ashamed of my life. I was ashamed because I was weak and couldn't work, I couldn't support my family, I couldn't support myself, I couldn't do anything. Certainly, I couldn't do whatever was necessary to "heal" myself. No matter how hard I worked at it, I was still suffering from "mental illness" or a disease or disorder. I had grown paralyzed emotionally because I lost my self. An enormous amount of shame comes with a history of abuse and trauma but, the system played upon that vulnerability and amplified my sense of shame by treating me as a mere mental patient, a chart number, a diagnosis.

Each human being must free himself; freedom cannot be thrust or forced upon people if they are to be truly free. Force cannot be abolished by use of force. Freedom must be obtained by voluntary means, accomplished by reason and persuasion. Freedom is not free! Unless we mean "freedom" as defined by Orwell and Kafka; "freedom" as granted by Stalin and Hitler; "freedom" to pace back and forth in your cage.

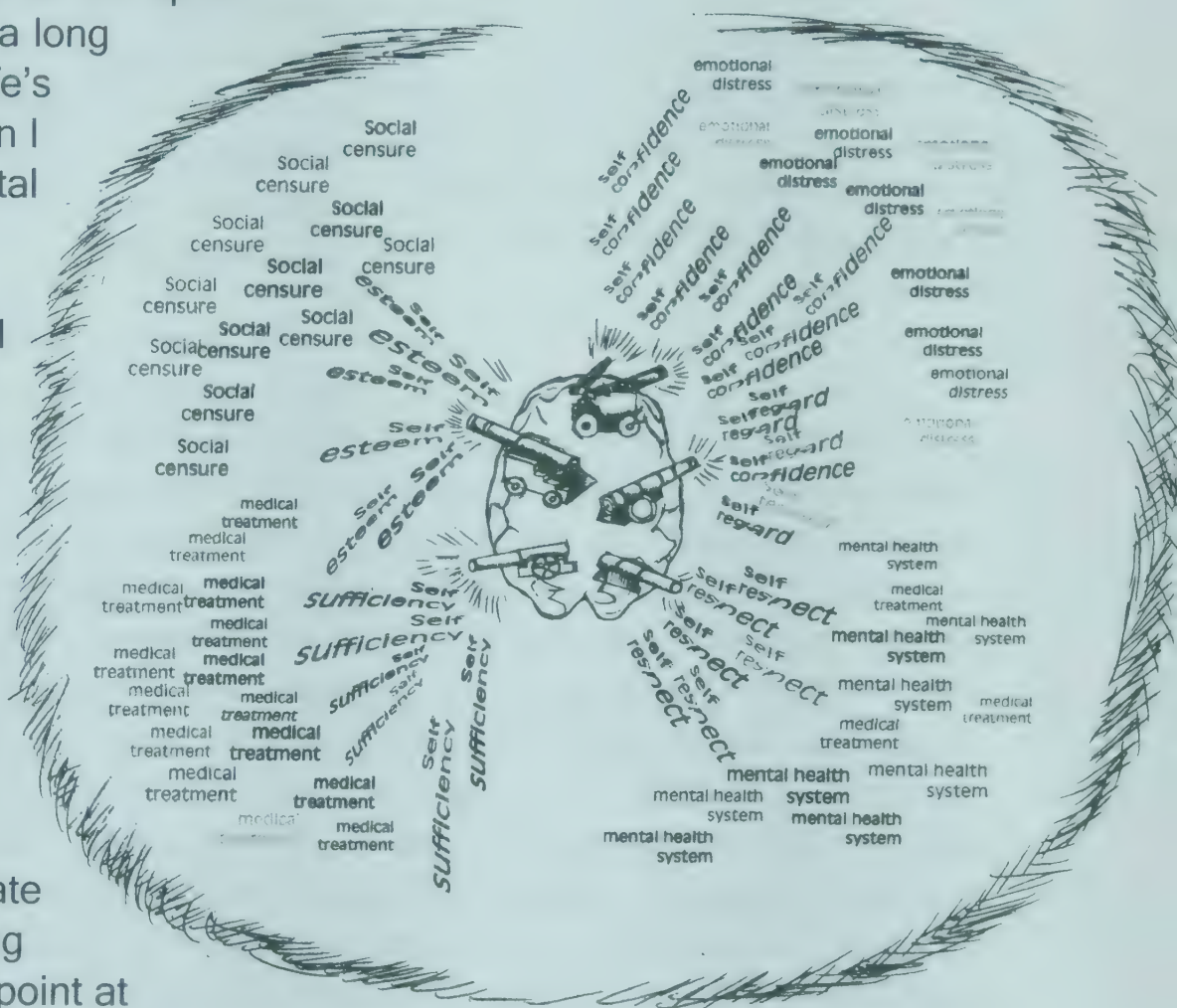
I had to liberate myself. I had to recapture some sense of pride. I had to "recover" my self.

I began to question and to challenge. It was terrifying when I first stood up to staff and asserted my self. I felt that I could potentially lose their approval but worse, I could also be kicked from the program and perhaps lose my primary "self" identity as mental patient. My "mental patient" identity was so strong that to risk losing it was very frightening. I wasn't sure what "self" I might have left if I were to lose my primary identity of "mental patient." Who and what might be left? However, when I did question and challenge, I felt some small sense of pride. It felt good to stand up for my self somehow.

With each episode of standing up and questioning and challenging, I felt better and stronger. I felt better as I became more self-determining. I slowly began to regain my sense of self. I grew stronger in my self-esteem, self-admiration, self-confidence, self-glorification, self-love, self-regard, self-respect, self-satisfaction, self-sufficiency, self-trust, self-worth, self-determination, self-exaltation, self-importance, self-assurance, self-important, self-interested, self-possessed, and self-pride. I acquired a renewed balance in my roles in life. Instead of my life

So, just as I had lost my “self” I worked hard to recover that lost “self” and pride was the key. In losing my “self” I lost my pride in who and what I am and I became “mental patient.” In recovering my “self” I rediscovered a sense of pride as I redeveloped into a self-determining adult.

Imagine trying to levitate back up a long ladder to the point at which you fell. For years, I frustrated myself trying to “wish” myself back to that point. Eventually, I found that I could reach that point again but only by taking it one step at a time and reascending a ladder. I wouldn’t have to retrace every step. I wouldn’t have to graduate from college or high school again but to get to where I left off, I would have to touch certain rungs all over again and rebuild my “self.” I learned



again how to socialize with "normal" folks. I learned again how to tolerate and even enjoy (have pride in) working. I reconnected with my family and took pride in them and in my roles as husband and father.

I took pride in overcoming and recovering from "mental illness." The saying, "One day at a time," became prominent as I learned to control my actions and behaviors. Much of the time the saying for me was more like, "One moment at a time." I learned that my thoughts, moods, feelings and emotions just are. They hold no magic power or ability to dictate my actions or behaviors. I learned

that I might feel suicidal but I didn't have to act in ways that were self harming. As I exercised my abilities to control my actions and behaviors, I grew stronger and the unpleasant thoughts, moods, feelings and emotions grew less and less in both strength and number.

"There is no panacea. There is no magic bullet. Recovery can and does happen, with or without the mental illness system's interference. Recovery is an individualized process."

I don't pretend that my path was an easy one. I spent over

ten years as a "mental patient." Ten years of my life are gone, given away to the mental illness system. Ten years of my life are missing and will never be returned. I also spent years in recovering. To learn to socialize again was difficult and painful at times. I was awkward but with each small success, I grew in self-confidence and pride and thus, I grew in my recovery. In some ways, the role of "mental patient" is easier. It can be easier to have others take care of you. It can be easier to not have to have any responsibility for yourself. However, I believe that each of us yearns for freedom, independence and self-determination. I believe that we seek and must have a sense of pride or else we walk through life soul dead. Our spirit yearns to be proud and free. (Spirit is that which drove Beethoven to write beautiful symphonies that his ears would never hear.)

I believe that all who have been labeled as having "mental illness" can recover. All who have been labeled based upon a diagnosis of their thoughts, moods, feelings or emotions can learn to be proud and free. Granted that there are physical issues that can

occur within the human body that will cause people to exhibit unusual behaviors. However, these physical issues need to be properly identified, diagnosed and treated. A malfunctioning thyroid should not be diagnosed solely upon behaviors and thus treated as "bipolar disorder." That would be gross malpractice and yet it happens regularly. Psychiatrists need to remember and act first as physicians and not as social control agents. Psychiatric drugs need to be recognized as the "feel good" agents they are and placed on a continuum with a drink with friends at a local bar. The potential risk and harm of psychiatric drugs needs to be recognized and proclaimed loud and strong.

There is no panacea. There is no magic bullet. Recovery can and does happen, with or without the mental illness system's interference. Recovery is an individualized process. What makes one person feel proud or motivated to positive action is not necessarily what will work for another. I believe that each person can and will recover if they rediscover their self-pride.

Pat Risser

James G Houston (Australia)

I grew up in remote rural Australia living on a Cattle / Sheep station that bordered state and National Parks. I spent a very carefree life living in nature, hunting, fishing camping in the bush and helping out with chores on the farm. Being isolated from Government services such as schooling our family received a grant to go away for our higher education in the city. What a culture shock. After successfully completing my secondary education I began tertiary education at Melbourne University doing an Arts degree, which focussed on Social Theory from past to present.

In between University years I travelled to Thailand and then, via black market trade routes, into Burma. I found myself in the civil war between the Indigenous Karin Hill Tribe people and the

Burmese Government. This was my first experience of Indigenous culture and I found them to be very much like me, normal people. I am sure my experiences growing up in the bush enabled a sense of repertoire and resonance to develop between us.

"When I was taken to hospital and walked through the doors, suddenly they were locked and I couldn't leave. Confined my spirit mind and body separated Ii was labelled diagnosed and forced medicated even though at all times Ii felt OK. "

When I returned to Australia my awakening about Indigenous issues began to occur. As Indigenous land rights issues became more prominent I also felt an affinity with the issues they were raising. Sovereignty, self-determination, a relationship to the land were all things that resonated with a young man from the bush who was not accustomed to 'paying rent to

landlords' and was frustrated at the thought of paying land tax if I owned my own piece of land. My relationship to the land was different to that of owning it. As a child my relationship to it was formalised by my experiences growing up on it. As I was trying to make my way in the adult world, a world where time is money and money makes the world go round I kept being confronted by similar disgruntlements as Indigenous persons. When I travelled around

Australia camping on beaches or in the National parks rangers kept persisting in forcing me to go into caravan parks, camp grounds etc which cost money and weren't attractive to a young traveller who was trying to extend a dollar.

In a sense without formally acknowledging the depth of the situation I was caught between worlds. As a young man raised in a middle class culture I also had my own Indigenous feelings formalised by my time in the bush as a child growing up which were in conflict with the Non-Indigenous world.

My first hospitalisation came about as my desire to express myself as a man and be self-sufficient, something which I had experienced as a child hunting, building shelters in the bush combined with sexual feelings and a need to pro-create and provide and support a family but I felt oppressed/trapped. These desires were in contrast to Non-Indigenous concepts of what a man is supposed to be in the late 20 century. I wanted to be a man, have a family and provide for them but I felt I couldn't create an environment in which they were free. I was dependent upon the system, and the system I felt was in opposition to a way of living that I felt was natural.

When I was taken to hospital and walked through the doors, suddenly they were locked and I couldn't leave. Confined my spirit mind and body separated I was labelled diagnosed and forced medicated even though at all times I felt OK. Looking back I was in an altered state of reality, because I was looking at the world from a different perspective from that of a Non-Indigenous person. And because of that I was being judged from a set of values that I don't want to belong to but am forced through compliance to adhere to otherwise I am locked up.

I will get to that later. Subsequently on being locked up and told I was crazy and would require medication for the rest of my life a roller coaster ride of learned behaviour from my initial hospitalisation precipitated further hospitalisations. All the time I held on to the belief I was OK, this type of thing has happened for thousands of years. Fortunately my reading and formal education about social theory constructs, what is madness, the shamanic world provided a sense of faith even though I was now a paranoid schizophrenic catatonic psychotic manic depressive bi-polar

person!! With a label like that I really wonder how I have managed to survive the wonders of the psychiatric profession without medication. I will get to that now.

Before I got locked up for the first time I began playing the didgeridoo. Something which was to take me down a path of learning, knowledge understanding and culture with Indigenous people. When I used to get locked up, I would bring my didge in to play raising the level of energy in the hospital, creating euphoria amongst the other patients as well until usually I was asked to leave the hospital. The staff would routinely change medication during these times to sedate everyone to normalise them. As for myself I learned a practice of taking medicine, walking round the corner then spitting it out.

After about my third or fourth lock up an Aunt mentioned to me a peace corroboree happening in Canberra around Parliament house in November 1997. I went along but wandered down to the Aboriginal tent embassy instead. Where three black fellas wanted a corroboree for sovereignty. I liked what they said, went walkabout talked to people and the following year a number of people gathered on the lawns of old parliament house. The forerunner to today's playmakers of legislation. At this gathering an old man from the desert asked me to light a fire to cook a kangaroo under the gum trees to feed the people present. The next day the old man said his mother visited him in his dreams and said to show the people the fire ceremony. We blew in the fire I had lit, and as the embers glowed the people present took a glowing fire stick and as I played didgeridoo we marched in a rainbow serpent formation out onto the lawns of old parliament house.

That fire has been going for 8 years now, and is a beacon of light for oppressed indigenous peoples of this country, and offers a glimmer of hope for white people sympathetic to the cause of indigenous people in this country. I stayed at the fire for the first 12 months, ensuring it would remain alight. In the early part my need / desire to express my indigenality was at odds with the authorities who proceeded on two occasions to lock me up for my political activism. (At the beginning of the fire being lit, in the halls of the old parliament house a Constitution Convention was being held which proposed to write a pre-amble in English to the existing

Constitution. Black activists and myself felt this ignored the impact of colonisation in this country, didn't respect the traditional law and owners of this country and continued to affect genocide on the original inhabitants of this land.) As soon as the authorities discovered I had already been locked up for madness I was again put into seclusion, medicated and the same old labellings and diagnosis spelt out!!

Having now been locked up 6 times which tends to knock oneself around a lot, I decided to travel again into the heartland of Australia. I travelled into the central desert, arnhem land and the cape york peninsula meeting indigenous elders, law men, sorcerers who welcomed me and taught me much about their law and culture. I was privy to ceremonies and dance and ritual which opened up a whole new understanding for me. Through dreams and visions I felt connected to the dreamtime, the land, the animals the birds and nature. It was as though I had in a sense returned to my childhood with deeper understanding of life itself. Through the frameworks developed for ceremony I felt safe and supported to explore all aspects of myself, and all the different variety of emotions and expressions of human life which for whatever reason are suppressed, frowned upon or considered abnormal in non-indigenous society.

These times in Indigenous life were amazing and after each experience coming back into the Non-Indigenous world, from the bush into city life was like having a car accident with society. Many times, after feeling empowered, fully charged, light peaceful content alive I hit the brick wall of modern life and was again hospitalised another 4 times!!! The last of these being in Paris in 2002. Having lived in Indigenous community and experiencing there amazing sense of where they come from and the breath of their extended family networks I

"These times in Indigenous life were amazing and after each experience coming back into the Non-Indigenous world, from the bush into city life was like having a car accident with society. Many times, after feeling empowered, fully charged, light peaceful content alive I hit the brick wall of modern life and was again hospitalised another 4 times!!!"

travelled overseas to discover my own family's heritage. Also I wanted to explore the origin of democracy and the civilised world. Seeing as it was something that had arrived on the doorstep of my home country. What I discovered though it is possible to live indigenously in Europe. I quickly discovered the indigenous culture and perspective through which i could see the world worked in Europe too. I could find the similar materials to make fire from rubbing sticks together in Europe, I could make shelter, I could find berries and foods. In a lot of ways it was easier than in the desert because the foods native to Europe were what I was accustomed to finding in supermarkets here in Australia. Things like apples, oranges, pears, macadamenas, olives etc etc.

The journey to get out of the psych ward in Paris was an escape artists coup de tare. Again I played the game, ducked medication,

raised the level of consciousness, made music, created art and was asked to leave. Not before I had to have my wits about me and not sign myself over as a ward of the state to the Australian government!!!

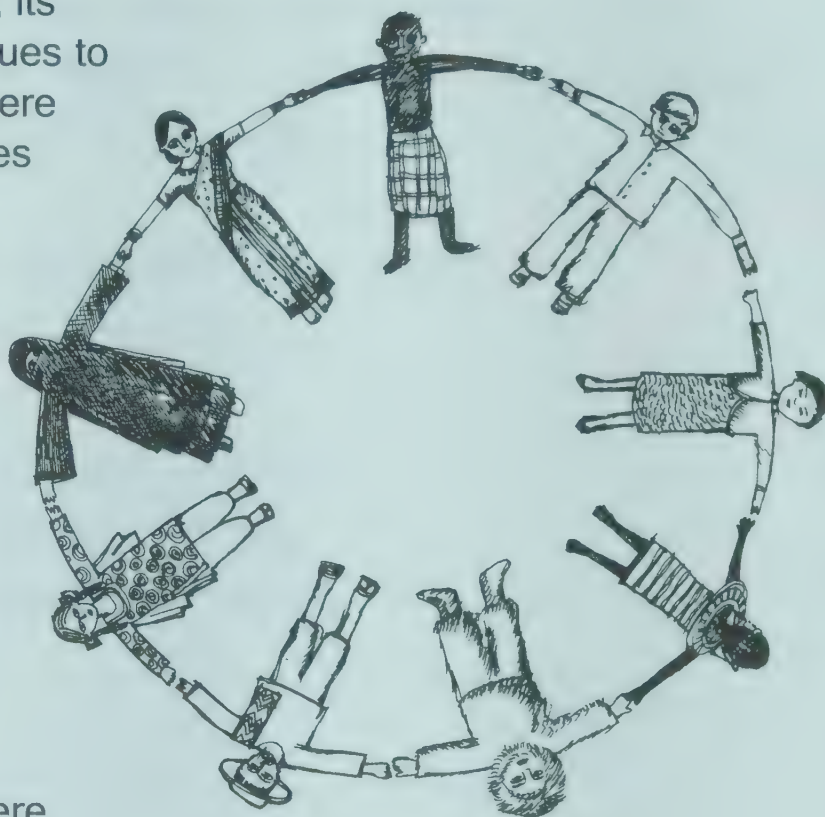
"I am labelled crazy by a profession and construct of society by people in power who are non-indigenous. Yet it is these same people who drop bombs, cut down old growth forests, dig up uranium, pollute our water ways all for the sake of progress, greed and money. And I am accused of being crazy. "

When I arrived back in Australia I decided to go back to my place of birth and start again. With knowledge of these two worlds, the Indigenous and Non-Indigenous and work

with both of them in parrallel as a way forward knowing too that they are in conflict with one another. There is nothing else I can do. As succintly as I can put it' rubbing two sticks together I can make a fire beautifully". To use matches or a cigarette lighter I need an oil rig on the North West Shelf, slave labour in Indosenia, machines, engines super markets etc etc not least of all forgetting mints to make money and money itself to buy the damn thing!! How beautiful a fire is that! What effect on the nature, the environment is that!!

So be it. Thats the world I am in, trying to survive. The last three

years I used my knowledge to help plan develop implement and co-ordinate an Indigenous festival in the town of my birth. It has been a great success. Now back in the city I am shifting some of my focus into the area of mental health. I am trying to get off the ground a project called "Where I belong" which utilising Indigenous perspectives and frameworks as a starting point create pathways to well-being for people living with Mental Illness. I am presenting a workshop in October at a National Conference on Mental Health. I hope I find support for this project. The spirit, the mind and the body has become disconnected in our society, and I don't believe drugs/medication will help solve the disease that exists in our community. In Australia we need to find our unique voice, our Australian voice that is our collective cultural identity that represents us as a people, black white or brindle. It's not English, its Australian. English continues to oppress us as a people here in this land because it does not resonate with the sounds and imagery of this land, its people and its animals. The true spirit of the people in this land cannot be subjugated to another's tongue for it continues to oppress the true spirit of the land and the people in it. When i travelled to England I understood where the fairies, nymphs, elves and goblins came from. And lacknowledge why the people of this land have our own mythology too.



The answers to the questions of mental illness to me seem very simple when its broken down to its most simplest constructs. In plain English the world cannot continue the way its going without having some impact upon the moral/mental stability of the human person and psyche. I am labelled crazy by a profession and construct of society by people in power who are non-indigenous. Yet it is these same people who drop bombs, cut down old growth

forests, dig up uranium, pollute our water ways all for the sake of progress, greed and money. And I am accused of being crazy. No wonder I am bi-polar. I have a bi-polar view of society. Fortunately I have empowered myself with this ideology about the root cause of my metal health experiences. Unfortunately to speak out TOO LOUD against these oppressing forces in this country is now outlawed, its SEDITION. Where I belong in a crazy world!!! It is crazy.

Whatever happens, the human spirit will live on. It always has and always will. The spirit of people is an amazing thing.

Forever in unity and peace

James Houston

**"Whatever happens,
the human spirit
will live on.**

**It always has and
always will.**

**The spirit of
people is an
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Talking about the mental patients' movement

We're here to talk to inmates

We know they won't be still

We're tired of psychiatry

Which says, pay me and take your pill.

Inmates, did they tell you

That drugs would set you free?

Strange how that rumor got around

That's exactly what they said to me.

The inmate sings a love song

It's a ballad of her rights

I hear that inmate is sleeping in seclusion room tonight.

Chorus:

Talking about the mental patients movement

Hear my song, carry it on

Something that feels this good to me

Just can't be wrong

"Stop shock treatment" it echoed

Body and soul awoke ... stormy weather rushing round my brain

So we're going to rock this misery boat. *Chorus*

Some landed in Camarillo

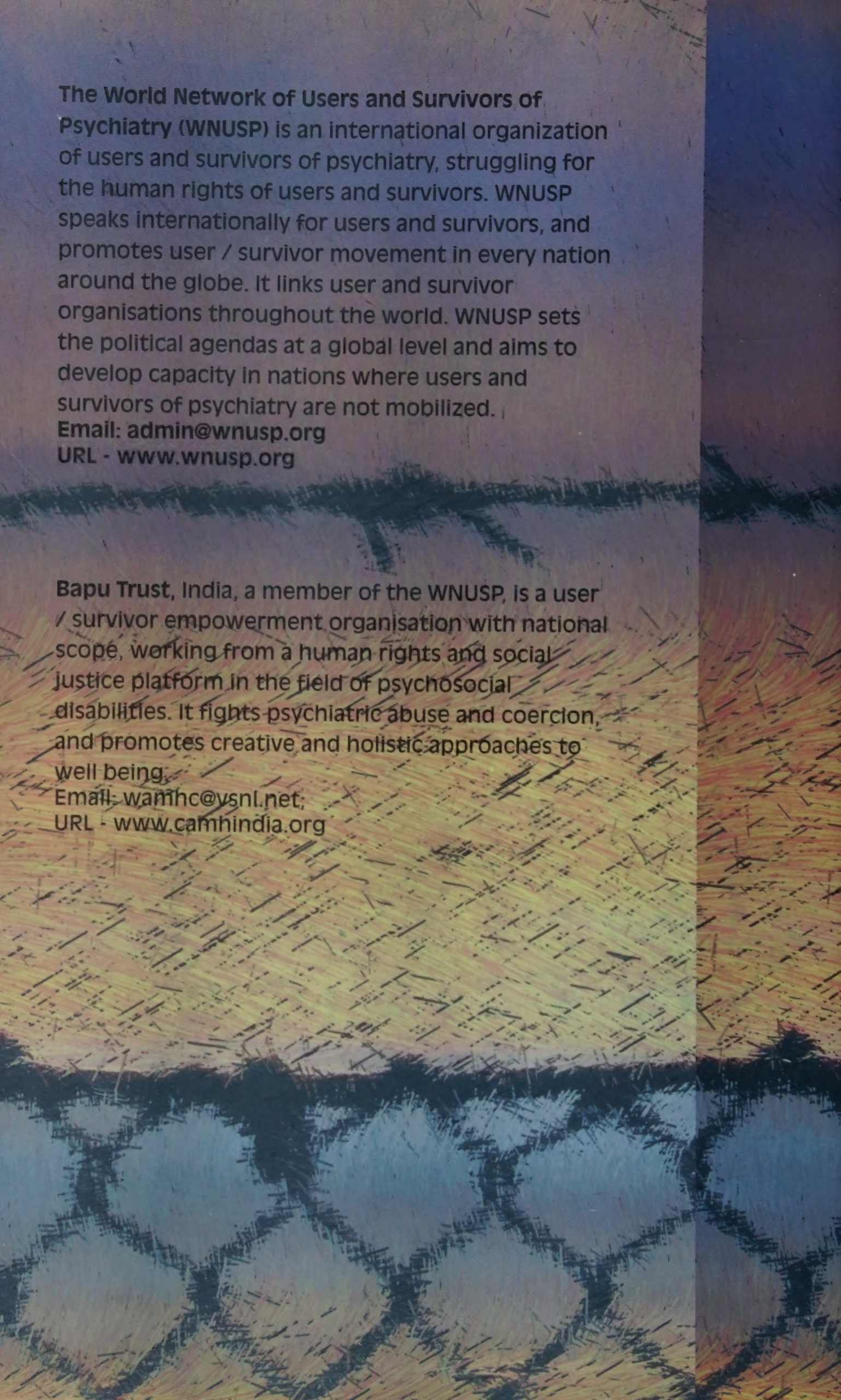
Some landed in McCleans

But wherever we go we see a horror show because

Shrinks are paid to keep us in chains.

Jenny Miller,

Madness Network News, 1983, Summer Vol. 7, Iss No. 2



The World Network of Users and Survivors of Psychiatry (WNUSP) is an international organization of users and survivors of psychiatry, struggling for the human rights of users and survivors. WNUSP speaks internationally for users and survivors, and promotes user / survivor movement in every nation around the globe. It links user and survivor organisations throughout the world. WNUSP sets the political agendas at a global level and aims to develop capacity in nations where users and survivors of psychiatry are not mobilized.

Email: admin@wnusp.org

URL - www.wnusp.org

Bapu Trust, India, a member of the WNUSP, is a user / survivor empowerment organisation with national scope, working from a human rights and social justice platform in the field of psychosocial disabilities. It fights psychiatric abuse and coercion, and promotes creative and holistic approaches to well being.

Email: wamhc@vsnl.net

URL - www.camhindia.org